THE ONTARIO TOBACCO RESEARCH UNIT
UNITÉ DE RECHERCHE SUR LE TABAC DE L'ONTARIO

Indicators of Smoke-Free Ontario Progress

Ontario Tobacco Research Unit

October 2008

Suggested Citation. Ontario Tobacco Research Unit. (2008, October). Indicators of Smoke-Free Ontario Progress. (Special Reports: Monitoring and Evaluation Series, 2006–2007 [Vol. 13, No. 2]). Toronto: Ontario Tobacco Research Unit.

Preface

Indicators of Smoke-Free Ontario Progress is the second of three reports in this year's *Monitoring and Evaluation Series.* The main sections in this second report have been organized according to Smoke-Free Ontario Strategy goals of prevention, cessation, and protection. The report presents surveillance data from a variety of sources, which informs progress toward each of these goals.

The full *Monitoring and Evaluation Series* for 2006–2007 consists of:

Number 1: ***The Tobacco Control Environment: Ontario and Beyond***—an environmental scan of policy initiatives across Canadian jurisdictions, with some international examples, which provide a context for what is happening in Ontario;

Number 2: ***Indicators of Smoke-Free Ontario Progress***—a presentation of quantitative data from a variety of surveys and other sources measuring recent progress in tobacco control in Ontario; and

Number 3: ***Smoke-Free Ontario Progress and Implications***—a discussion of the implications of the findings in the previous two reports.

Acknowledgements

Shawn O'Connor and Robert Schwartz authored this report. Ontario Tobacco Research Unit (OTRU) staff, including Anne Philipneri, Bo Zhang, Charles Victor, Jolene Dubray and David Ip, conducted data analyses. Sonja Johnston provided production assistance. The authors thank John Garcia, Roberta Ferrence, Stephen Brown, and Anne Philipneri for reviewing earlier drafts of this report.

The monitoring and evaluation activities of OTRU are conducted under the guidance of Robert Schwartz, Director of Evaluation.

The interpretation and opinions expressed in this report are the responsibility of OTRU's Director of Evaluation and participating staff:

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Table of Contents

List of Figures

List of Tables

Smoking Behaviour

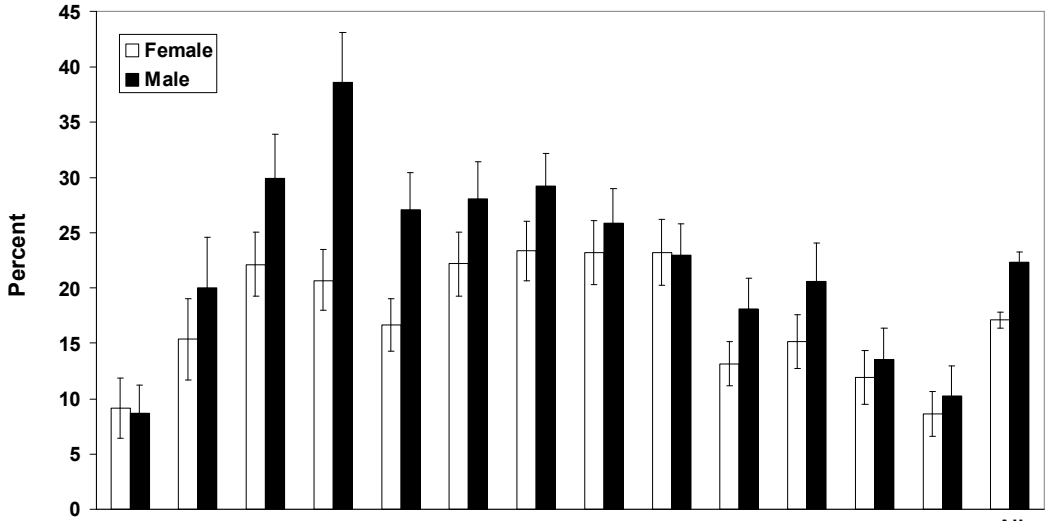
Overall Prevalence of Current Smoking in Ontario

According to the Canadian Community Health Survey (CCHS), 21% of Ontarians aged 12 years and older were current smokers in 2007, representing 2.2 million Ontarians. The prevalence of current smoking has decreased significantly from earlier years (22% in 2003 and 25% in 2000/01; $p < 0.05$). Among public health units, the prevalence of current smoking ranged from a low of 15% in York to a high of 31% in Oxford (Table 2.1).

Prevalence of Smoking by Sex and Age

In 2005, males aged 25–29 had the highest prevalence of current smoking at 39%, which was almost double that of their female counterparts (21%; Figure 2.1). Males in several age categories (20–24, 25–29, 30–34, 40–44 and 55–59) had significantly higher rates of smoking than their female counterparts. For females ranging in age from 20 to 54, the prevalence of current smoking surpassed 20%, with the exception of females aged 30 to 34 (17%). Across older female age categories, the rate of smoking generally decreased (ranging from 9% to 15%).

Figure 2.1: Current Smoking, by Sex and Age Grouping (Ages 15–74), Ontario, 2005



	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	All Ages
Female	9	15	22	21	17	22	23	23	23	13	15	12	9	17
Male	9	20	30	39	27	28	29	26	23	18	21	14	10	22

Note: Vertical lines represent 95% confidence intervals.
Source: CCHS Cycle 3.1 (Share File) 2005.

Table 2.1: Current Smoking, by Public Health Unit, Ages 12+, Ontario, 2000/01–2007

Public Health Unit*	Current Smoking (%)			
	2001/2001	2003	2005	2007
York Region	23	21	16	15
Peel	21	21	19	16
Ottawa	21	20	19	17
Perth District	24	23	20	17
Toronto	22	20	18	18
Halton Region	24	21	18	18
Windsor-Essex County	27	21	24	19
Middlesex-London	22	20	18	20
Timiskaming	35	29	26	20
Peterborough County-City	23	24	21	21
Huron County	21	22	24	21
Durham Region	28	25	25	22
Region of Waterloo	27	23	19	22
Wellington-Dufferin-Guelph	24	21	21	22
Simcoe Muskoka District†	29	25	23	23
City of Hamilton	27	23	23	24
Kingston, Frontenac and Lennox & Addington	25	26	23	25
Grey Bruce	24	19	21	25
Eastern Ontario	32	25	27	25
Hastings and Prince Edward Counties	27	22	27	26
Northwestern	30	27	23	26‡
Porcupine	29	31	30	26
Haliburton, Kawartha, Pine Ridge District	27	21	22	26
Leeds, Grenville and Lanark District	30	27	25	26
Thunder Bay District	29	29	27	26
Brant County	30	25	27	26
Algoma	30	27	24	26
Haldimand-Norfolk	28	28	30	27
Sudbury and District	32	25	24	27
Renfrew County and District	27	28	28	28
Niagara Region	25	24	23	28
Chatham-Kent	27	26	24	29
North Bay Parry Sound District†	27	24	27	29
Lambton	27	24	25	29
Elgin-St. Thomas	28	24	27	29
Oxford	26	24	24	31
ONTARIO	25	22	21	21

*Ordered by 2007 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 or post 2005 comparisons for these health units need to be made with caution.
‡Interpret with caution because there is a moderate level of error associated with the estimate (coefficient of variation [CV] between 16.6% and 33.3%).
Source: CCHS 2000/01–2007 (from the Canadian Socio-economic Information Management System [CANSIM]).

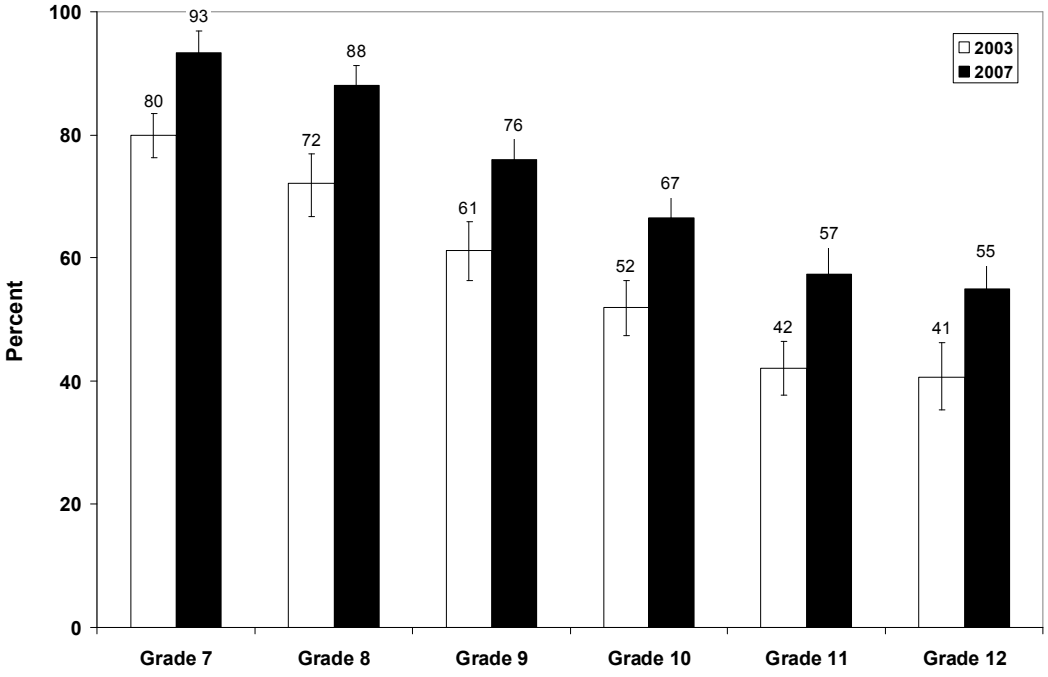
Youth and Young Adult Smoking Behaviour

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 across all grades (7 to 12), the prevalence of lifetime abstinence from cigarettes increased in 2007 compared to 2003 (Figure 2.2). In 2007, students in lower grades were significantly more likely to be lifetime abstainers from cigarettes than were students in higher grades (93% in grade 7 vs. 55% in grade 12; $p < 0.05$). The prevalence of lifetime abstinence did not vary by sex (Ontario Student Drug Use and Health Survey [OSDUHS] 2007, data not shown).

Figure 2.2: Lifetime Abstinence, by Grades 7–12, Ontario, 2003 and 2007

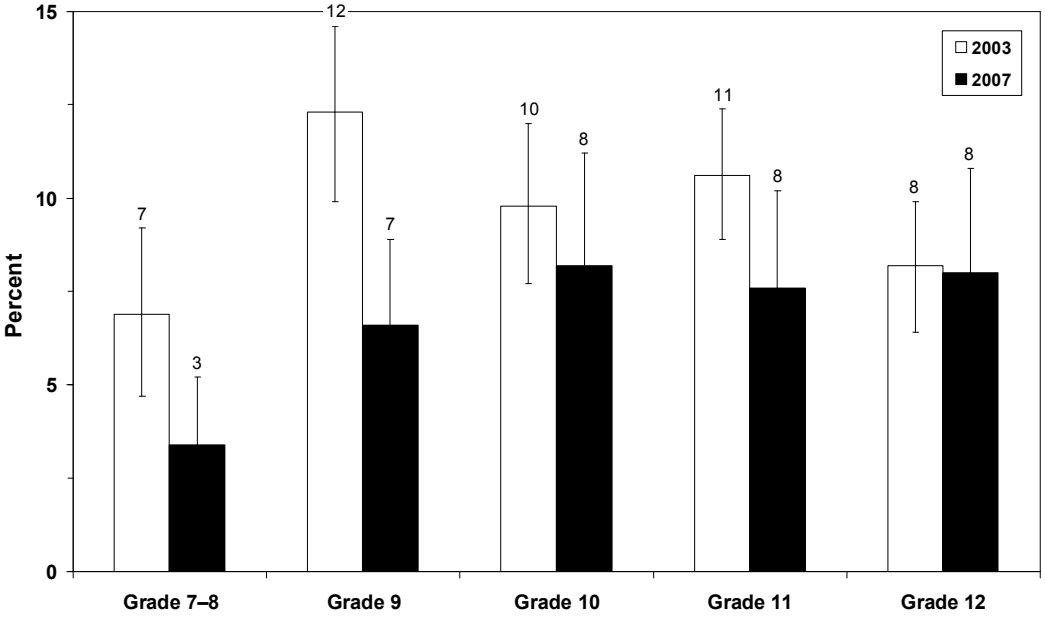


Note: Vertical lines represent 95% confidence intervals.
Source: OSDUHS 2003 and 2007.

Past-Year Initiation: Students in Grades 7 to 12

In 2007, first use of cigarettes at any time in the previous 12 months ranged from 3% of grade 7 and 8 students to 8% of grade 12 students (Figure 2.3). From 2003 to 2007, the prevalence of all students initiating smoking in the previous year decreased from 9% to 6% (data not shown), with students in grade 9 showing significant declines (12% vs. 7%, Figure 2.3).

Figure 2.3: First Use of Cigarettes in the Past Year among Students, by Grades 7–12, Ontario, 2003 and 2007



Source: OSDUHS 2003 and 2007.

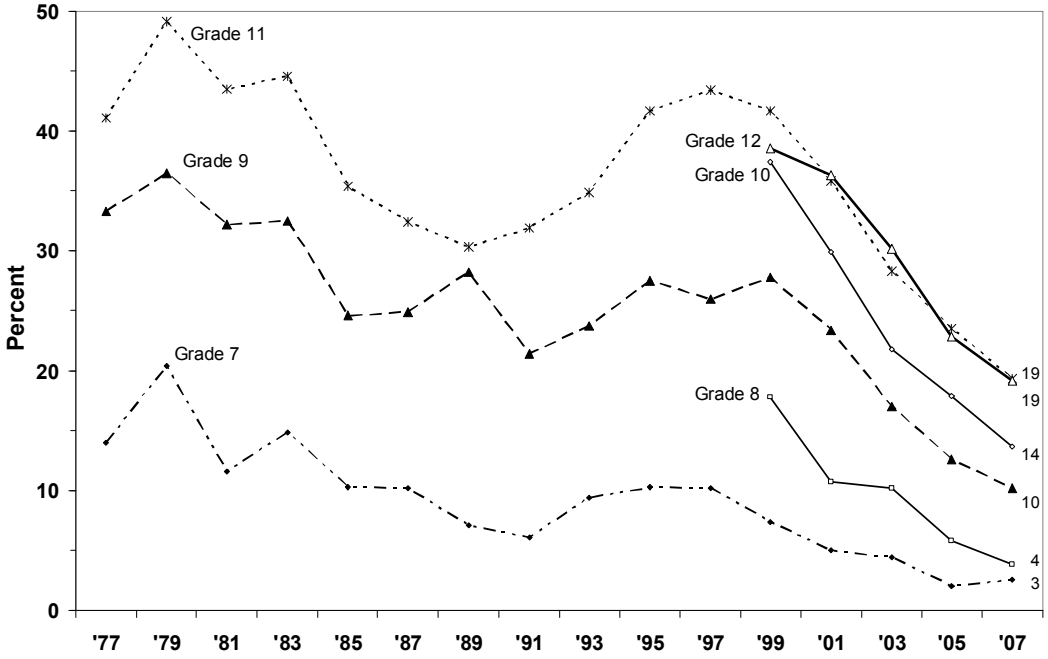
Past-Year Smoking: Students in Grades 7 to 12

Overall, the prevalence of smoking more than one cigarette in the past year (1-year current smoking) among all students in grades 7 to 12 decreased from 14%, in 2005, to 12%, in 2007 ($p < 0.01$; OSDUHS, data not shown). From 2005 to 2007, past-year smoking rates decreased in all grades (Figure 2.4) except grade 7 (2% in 2005 vs. 3% in 2007). In 2007, rates of past-year smoking among Ontario students continued to increase as students advanced in school, from 3% in grade 7 to 19% in grade 12. The decline in past-year smoking among students in grades 7 to 12, which began in 1999, has continued in recent years.

Current Smoking (Past 30 Days): Students in Grades 7 to 12

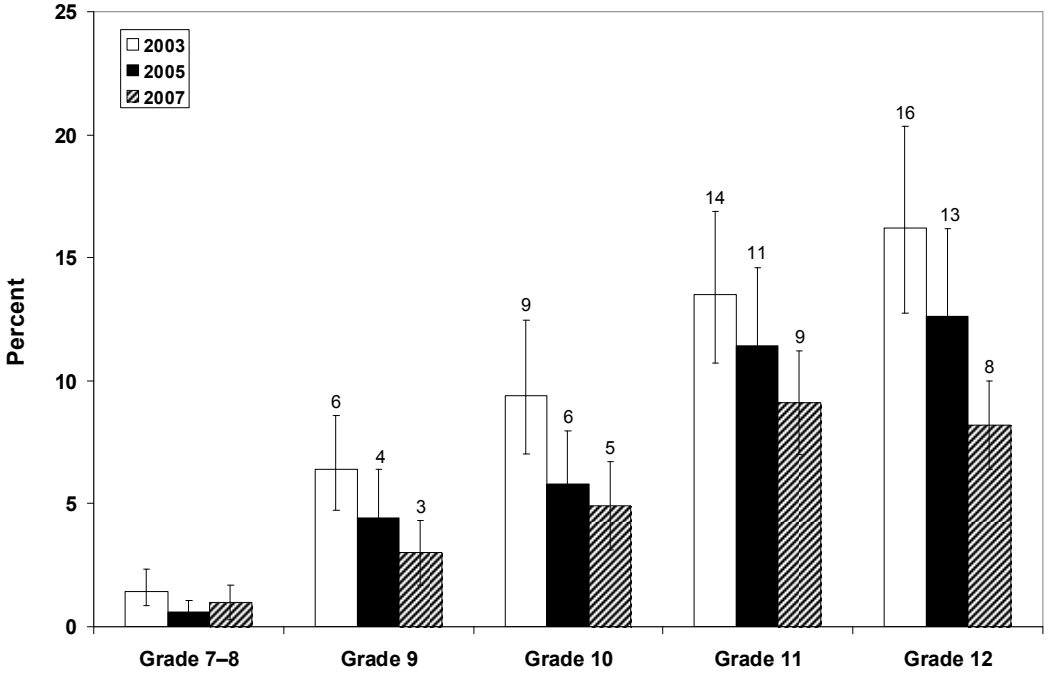
In 2007, the prevalence of current smoking in the past 30 days significantly increased with grade (Figure 2.5, OSDUHS). Only 1% of students in grades 7 and 8 were current smokers compared to 8% of students in grade 12. The prevalence of current smoking in the past 30 days among all grades (7–12) combined decreased, from 8% in 2003 to 5% in 2007 ($p < 0.05$). Significant declines over this period were observed for grades 9, 10, and 12.

Figure 2.4: Past-Year Smoking, by Grades 7–12, Ontario, 1977–2007



Source: OSDUHS 1977–2007.

Figure 2.5: Current Smoking in Past 30 Days, by Grades 7–12, Ontario, 2003, 2005, 2007



Note: Vertical lines represent 95% confidence intervals.
Source: OSDUHS 2003–2007.

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

Past 30-day smoking among Ontario youth aged 15–19 decreased from 23% to 10% between 1999 and 2006 ($p < 0.05$, Figure 2.6, Canadian Tobacco Use Monitoring Survey [CTUMS]), although there has been no significant change in recent years.

The rate for Ontario in 2006 was significantly lower than in the rest of Canada (10% vs. 14%, respectively; $p < 0.05$).

There were no sex differences in current smoking among youth aged 15–17 or 18–19 (Figure 2.7, CCHS).

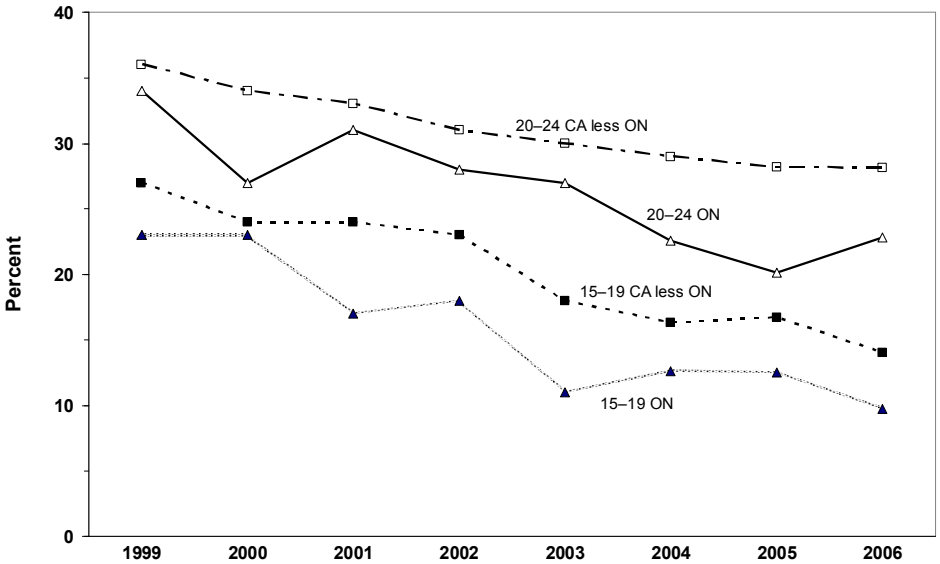
Current Smoking (Past 30 Days): Ages 20 to 29

The prevalence of current smoking in the past 30 days among 20- to 24-year-old Ontarians has not significantly changed in recent years, but there is a significant decline from 1999 (from 34% in 1999 to 23% in 2006 [$p < 0.05$, Figure 2.6, CTUMS]).

In 2006, young adults in Ontario aged 20–24 had a significantly lower prevalence of smoking compared to young adults in the rest of Canada (23% vs. 28%, $p < 0.05$, Figure 2.6, CTUMS).

Men aged 20–24 and 25–29 were more likely to be current smokers than women of the same age ($p < 0.05$, Figure 2.7, CCHS).

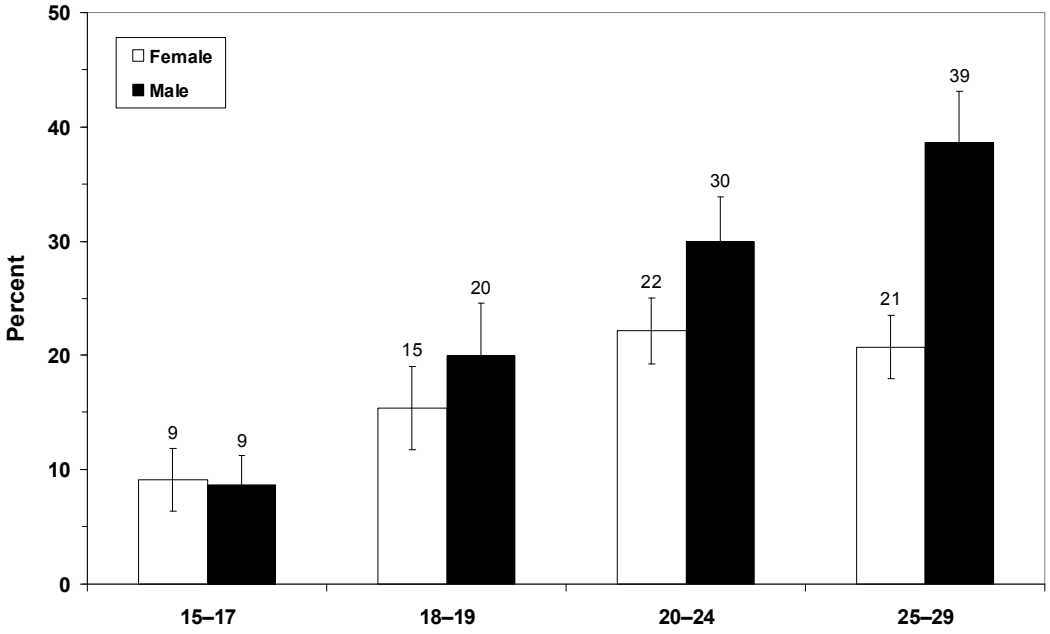
Figure 2.6: Current Smoking in Past 30 Days, by Ages 15–19 and 20–24, Ontario and Rest of Canada, 1999–2006



	1999	2000	2001	2002	2003	2004	2005	2006
20–24 CA less ON	36	34	33	31	30	29	28	28
20–24 ON	34	27	31	28	27	23	20	23
15–19 CA less ON	27	24	24	23	18	16	17	14
15–19 ON	23	23	17	18	11	13	13	10

Source: CTUMS (Annual) 1999–2006.

Figure 2.7: Current Smoking in Past 30 Days among Youth and Young Adults, by Sex, Ontario, 2005



Note: Vertical lines represent 95% confidence intervals.
Source: CCHS Cycle 3.1 (Share File) 2005.

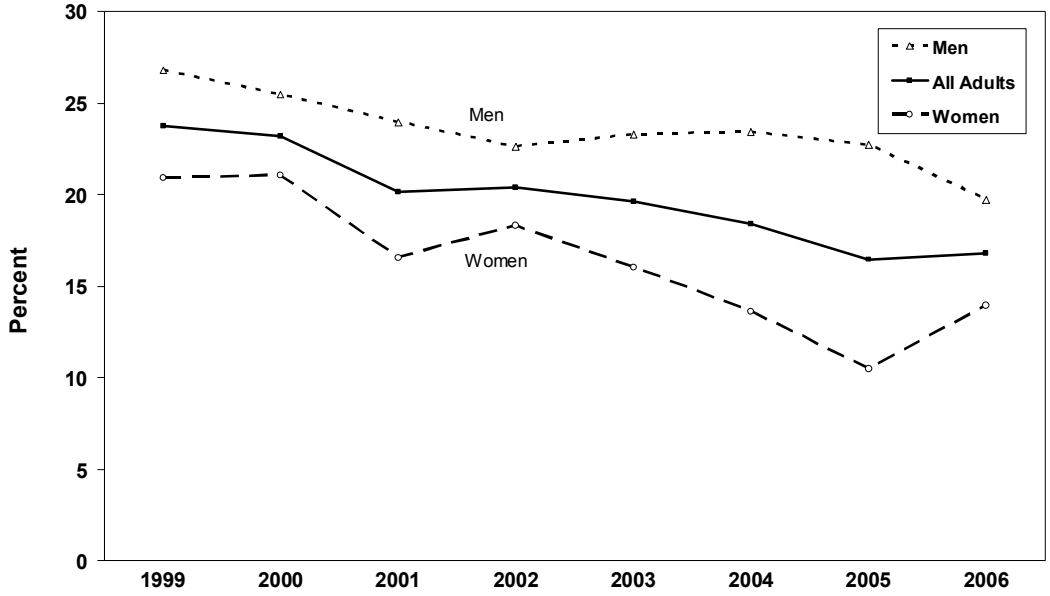
Adult Smoking Behaviour

Reducing the prevalence of smoking is a main objective of tobacco control programs. Indicators relevant to this goal are current 30-day smoking (by sex, age, education, and occupation), daily and occasional smoking, level of use (consumption), and dependence.

Current Smoking (Past 30 Days)

In 2006, 17% of Ontario adults aged 18 years and older were current smokers (that is, they smoked daily or occasionally in the past month and smoked at least 100 cigarettes in their lifetime), which is significantly lower than the 24% reported in 1999 (Figure 2.8). However, the rate of current smoking in more recent years has not changed significantly. As in previous years, the prevalence of current smoking was significantly higher among men than among women (20% vs. 14%, respectively, $p < 0.05$). Since 1999, there has been a significant decline in current smoking prevalence among women (21% to 14%) but not among men.

Figure 2.8: Current Smoking in the Past 30 Days, by Sex, Ages 18+, Ontario, 1999–2006



	1999	2000	2001	2002	2003	2004	2005	2006
Men	27	25	24	23	23	23	23	20
All Adults	24	23	20	20	20	18	16	17
Women	21	21	17	18	16	14	10	14

Source: CTUMS (Annual) 1999–2006.

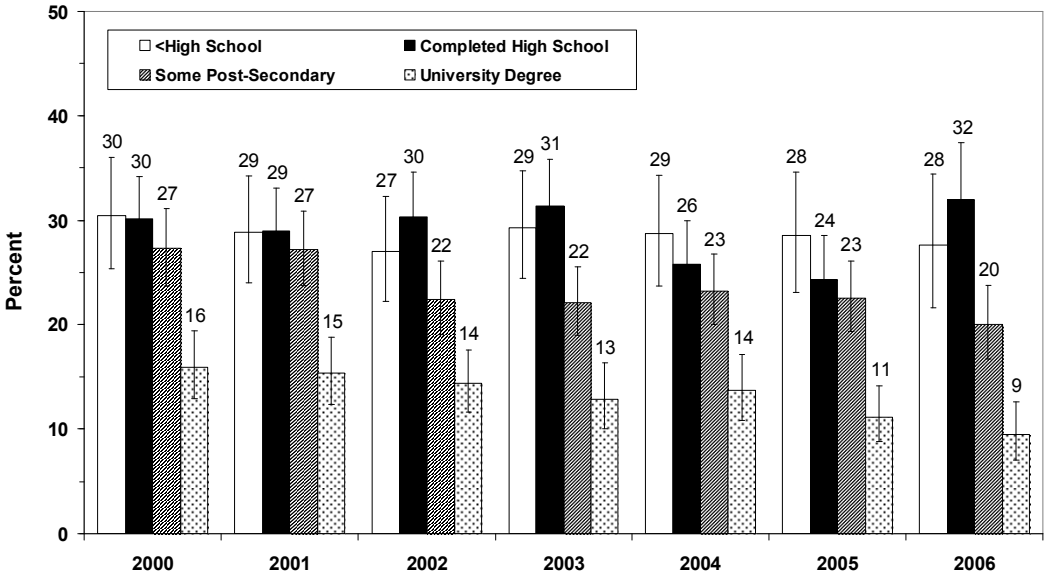
Current Smoking (Past 30 Days) by Education

In 2006, Ontario adults with a university degree were significantly less likely to be current smokers than those with lower education (Figure 2.9). Similarly, Ontarians with some post-secondary education were less likely to be current smokers than adults who completed high school. There was a significant decline in current smoking over the period 2000 to 2006 among Ontarians with a university degree (16% vs. 9%). However, this group represented only a small portion of the Ontario population (14%). Among Ontarians with some post-secondary schooling, there was a significant decline in smoking prevalence from 2000 to 2006 (27% vs. 20%). In contrast, there was no significant change from 2000 to 2006 in the prevalence of smoking among Ontarians having a high-school degree (30% in 2000 vs. 32% in 2006) or among those with less than a high-school degree (30% vs. 28%).

Current Smoking (Past 30 Days) by Occupation

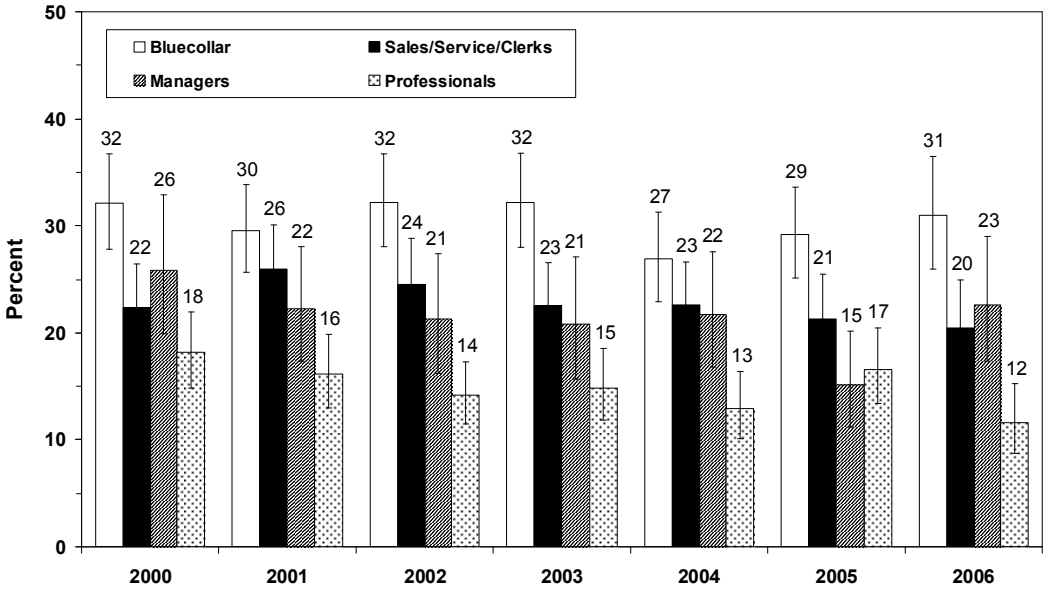
In 2006, smoking prevalence ranged from a high of 31% for blue-collar workers to 12% for professionals. Professional workers were significantly less likely to be current smokers than all other occupations including blue-collar, sales/service/clerks, and management (12% vs. 31%, 20%, and 23%; Figure 2.10). Among professional workers, there was a significant decline in smoking prevalence from 2000 to 2006 (18% vs. 12%). Among other occupational categories, there was no statistically significant decline in smoking prevalence over the reported period.

Figure 2.9: Current Smoking in the Past 30 Days, by Education, Ages 18+, Ontario, 2000–2006



Note: Vertical lines represent 95% confidence intervals.
Source CAMH Monitor 2000–2006.

Figure 2.10: Current Smoking in the Past 30 Days, by Occupation, Ages 18+, Ontario, 2000–2006



Note: Vertical lines represent 95% confidence intervals.
Source CAMH Monitor 2000–2006.

Pregnancy and Smoking (Past 30 Days)

In 2005, 10% of women in Ontario aged 20–44 who gave birth in the past five years had smoked during their most recent pregnancy (CCHS), with 5% having smoked daily and 5% having smoked occasionally.

Daily and Occasional Smoking (Past 30 Days)

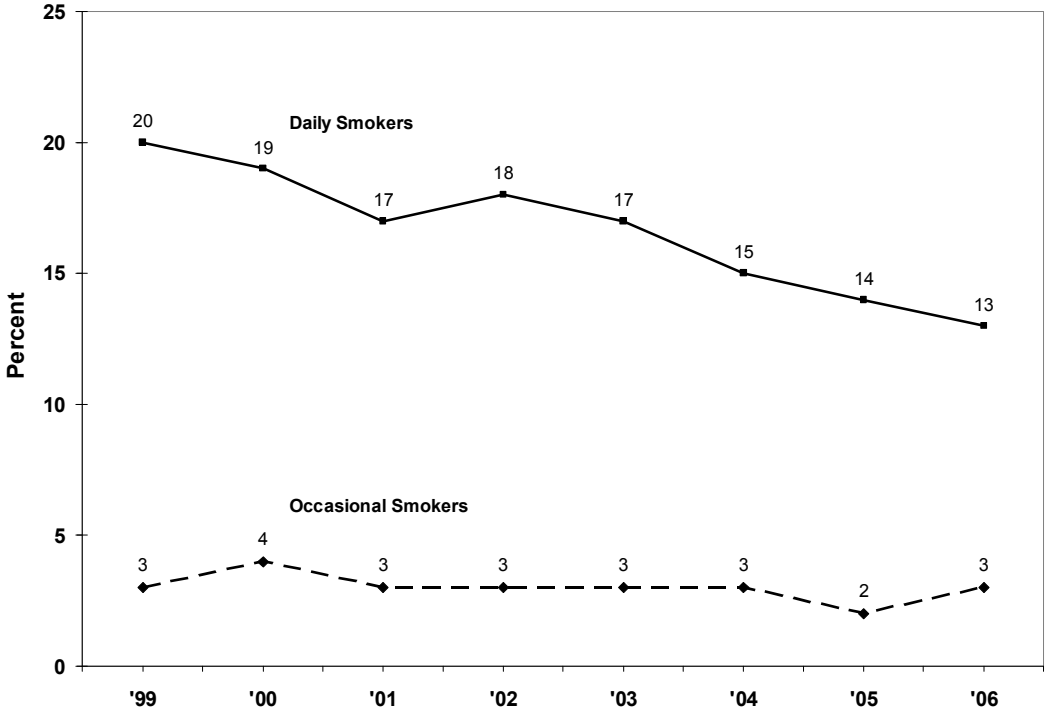
In Ontario, the prevalence of current smoking among adults aged 18 or older in 2006 was 17% according to the Canadian Tobacco Use Monitoring Survey. Among current smokers, 13% were daily smokers and about 3% were occasional smokers[1] (daily and occasional smoking do not add to current smoking due to rounding; CTUMS 2006). Daily smoking among Ontario adults has steadily decreased over time, from 20% in 1999 to 13% in 2006 (Figure 2.11).

Trend data from the Centre for Addiction and Mental Health Monitor (CAMH Monitor) indicate that the proportion of current smokers who smoke daily has changed over the years (Figure 2.12). In 1991, almost 100% of current smokers were daily smokers, whereas in 2006, 76% of current smokers were daily smokers. However, the proportion of daily smokers has remained fairly constant since 2001. In 2006, the proportion of current smokers who smoked daily was significantly higher for females than for males (84% vs. 70%, $p < 0.05$).

Across Canada in 2006, the rate of daily smoking ranged from a low of 13% in British Columbia and Ontario to a high of 20% in Saskatchewan and New Brunswick (Figure 2.13). Ontario had a significantly lower daily smoking rate than Quebec, Newfoundland, Alberta, Nova Scotia, Saskatchewan, and New Brunswick.

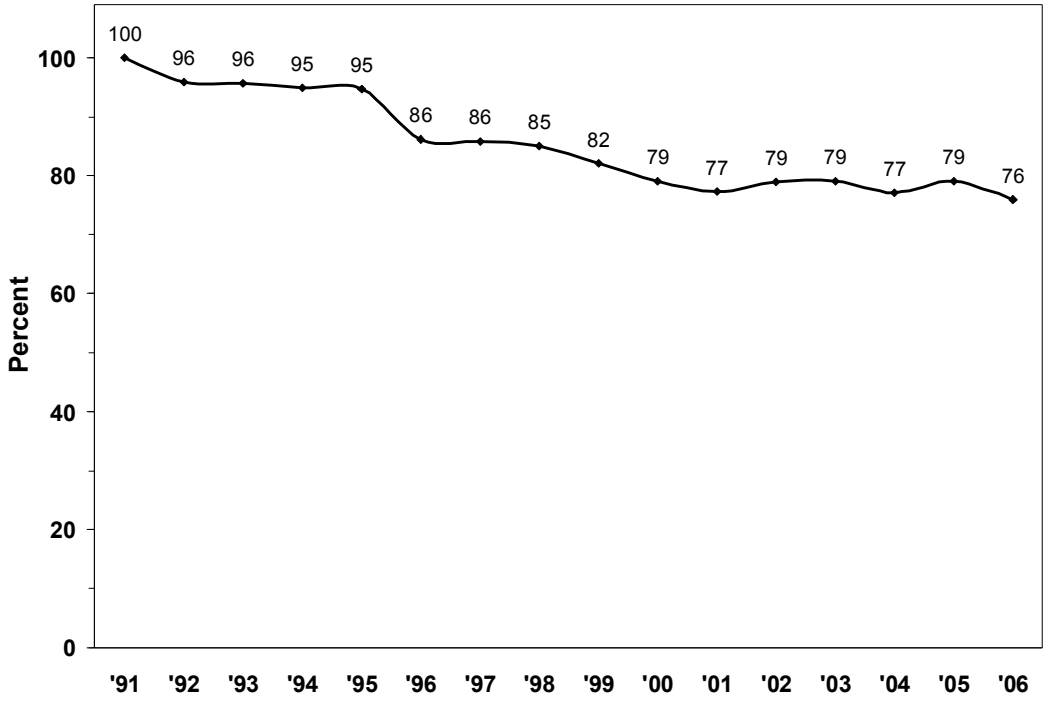
[1] This estimate must be interpreted with caution because of a moderate level of error associated with the estimate; the coefficient of variation is between 16.6% and 33.3%.

Figure 2.11: Daily and Occasional Smoking (Past 30 Days), Ages 18+, Ontario, 1999–2006



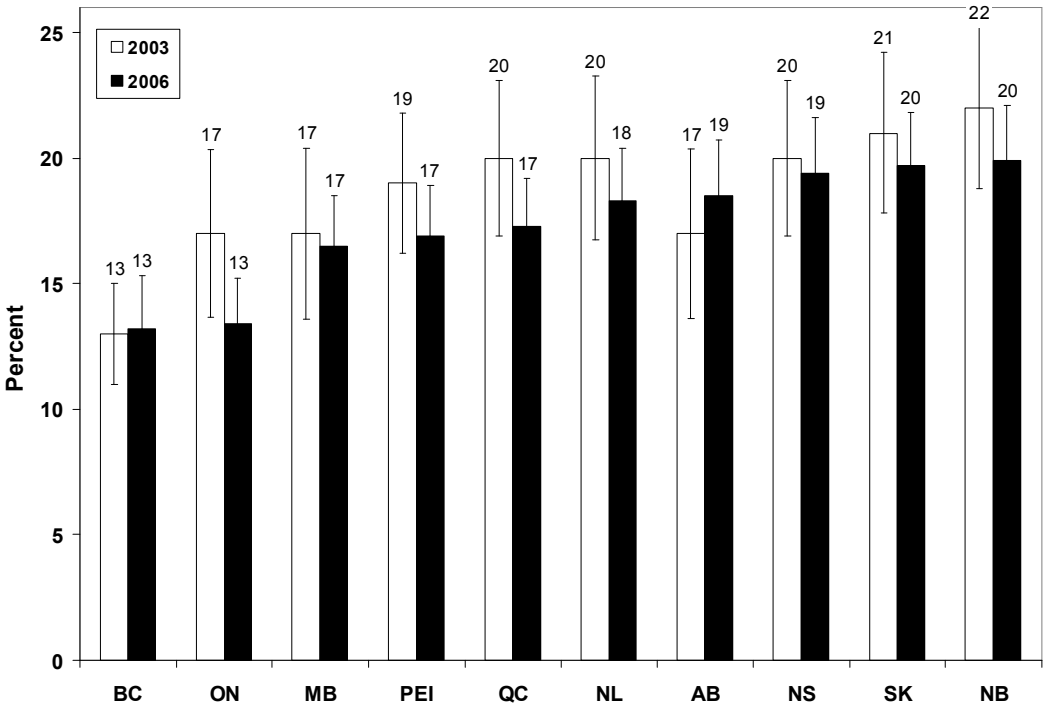
Source: CTUMS (Annual) 1999–2006.

Figure 2.12: Daily Smoking as a Proportion of Current Smoking, Ages 18+, Ontario, 1991–2006



Source: CAMH Monitor 1991–2006.

Figure 2.13: Daily Smoking, by Province, Ages 18+, Canada, 2003 and 2006



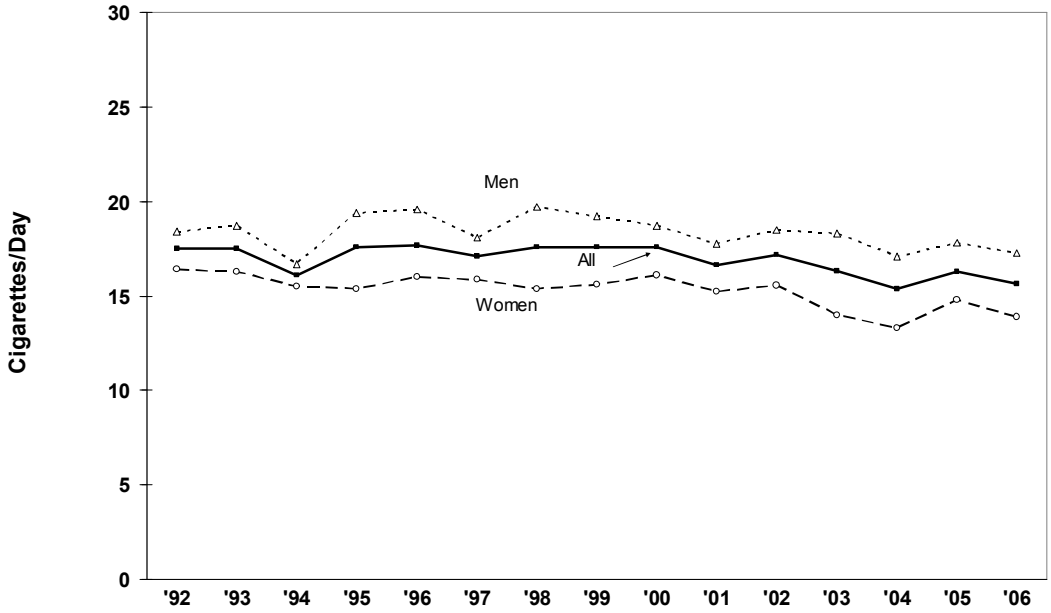
Note: Vertical lines represent 95% confidence intervals.
Source: CTUMS (Annual) 2003 and 2006.

Level of Use

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 2006, the mean number of cigarettes smoked per day by daily smokers was 15.7 (Figure 2.14), which is a significant decrease from that smoked in 2000 (17.6 cigarettes per day).

Over the period 1998 to 2006, there was a significant decline in the number of cigarettes smoked daily by men (19.7 vs. 17.3). There was a significant decline in the number of cigarettes smoked per day by women from 2000 to 2006 (16.1 vs. 13.9). In 2006, men smoked significantly more cigarettes per day than women (17.3 vs. 13.9), a pattern consistent with previous survey years (Figure 2.14). Occasional smokers smoked an average of 4.6 cigarettes on the days that they smoked (data not shown).

Figure 2.14: Mean Number of Cigarettes Smoked Daily, by Sex, Daily Smokers, Ages 18+, Ontario, 1992–2006



	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06
Men	18.4	18.7	16.7	19.4	19.6	18.1	19.7	19.2	18.7	17.8	18.5	18.3	17.1	17.8	17.3
All Adults	17.5	17.5	16.1	17.6	17.7	17.1	17.6	17.6	17.6	16.6	17.2	16.4	15.4	16.3	15.7
Women	16.4	16.3	15.5	15.4	16.0	15.9	15.4	15.6	16.1	15.2	15.6	14.0	13.3	14.8	13.9

Source: CAMH Monitor 1992–2006.

Dependence

The Heaviness of Smoking Index[2] 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. Overall, in 2006 about half (48%) of daily smokers had low dependence on cigarettes, 40% had moderate dependence, and 12% had high dependence, unchanged from 2005 (Ontario Tobacco Survey [OTS], 2006). There was no significant difference between men and women in the proportion of men and women having low (45% vs. 52%), moderate (40% vs. 39%), and high[3] (15% vs. 9%) levels of cigarette dependence. Of all highly dependent smokers, 65% were over 45 years of age.

[2] Heatherton, T.F., Kozlowski, L., Frecker, R.C., Rickert, W. and Robinson, J. Measuring the heaviness of smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *British Journal of Addiction*, 1989; 84: 791–799.
[3] This estimate must be interpreted with caution because of a moderate level of error associated with the estimate; the coefficient of variation is between 16.6% and 33.3%.

Prevention

Youth Access

One intermediate objective of comprehensive tobacco control is to decrease youth access to tobacco products and point-of-sale promotions.

Retailer Compliance

In the spring of 2007, 90% of vendors in Ontario were in compliance with the prohibition on selling tobacco to underage youth.[4] A similar rate was observed in the previous year (88%). Across the province, compliance in 2007 ranged from 78% in the North West Tobacco Control Area Network to 94% in the North East and South West Tobacco Control Area Networks (differences not significant). There was no significant difference in compliance rates by vendor type (that is, chain or independent convenience, gas station, or grocery store), with compliance ranging from 87% to 91%.

In 2007, eight in ten vendors (78%) requested proof-of-age identification when a test shopper asked them for cigarettes, a finding not significantly different from the previous year. Among retailers willing to sell to a test shopper, 78% made no request for proof of age.

According to the 2006 CAMH Monitor survey, 85% of Ontario adults agreed that stores convicted of selling tobacco to underage persons should lose their licence to sell tobacco. (In fact, Ontario does not require retailers to have a licence to sell tobacco. However, repeated violation of provisions against selling to youth can result in escalating fines and withdrawal of permission to sell, store, and deliver tobacco products.)

Point-of-Sale Promotions

In the spring of 2006 (before the *Smoke-Free Ontario Act* was implemented), almost all types of point-of-sale promotions had a substantial presence in Ontario, with 68% of vendors displaying one or more types of point-of-sale promotions.[5] One year after the *Act* had been implemented, just 12% of vendors displayed any sort of point-of-sale promotion, with compliance for removing any given type of promotion ranging from 100% (decorative/illuminated panels and/or promotional lighting) to 95% (display of cartons of cigarettes).[6]

Ontario survey data show strong and increasing public support for retail display bans. In 2004, 73% of Ontario adults agreed that "tobacco products should be kept under the counter so that they are

[4] Data from Dubray, J., Schwartz, R., Garcia, J., Bondy, S., Victor, J.C. *Formative Evaluation of the Smoke-Free Ontario Act: Comparison of Baseline and Two Post-SFOA Measurements*. Ontario Tobacco Research Unit, Special Report Series. Toronto, ON, November 2007.
[5] Data from Schwartz, R., Dubray, J., Garcia, J., Bondy, S., Victor, J.C. *Formative Evaluation of the Smoke-Free Ontario Act: Summary of the Baseline Compliance Survey*. Ontario Tobacco Research Unit, Special Report Series. Toronto, ON, October 2006.
[6] Data from Dubray, J., Schwartz, R., Garcia, J., Bondy, S., Victor, J.C. *Formative Evaluation of the Smoke-Free Ontario Act: Comparison of Baseline and Two Post-SFOA Measurements*. Ontario Tobacco Research Unit, Special Report Series. Toronto, ON, November 2007.

out of sight of children and young adults," and in 2006, support reached 83% (CAMH Monitor, data not shown).

Source of Cigarettes

The source of an Ontario student's last cigarette has remained relatively constant over the last few years (Table 2.2), with the majority of students obtaining cigarettes from social sources. In 2007, the most likely source of underage students' most recent cigarette was someone who gave it to them who was not family (50%); only 11% bought their last cigarette themselves (Table 2.2). Students in grades 7 and 8 were more likely to take their last cigarette from someone without permission than were students in higher grades (26% vs. 10%).

Table 2.2: Source of Last Cigarette Smoked, Grades 7–12 (Ages 18 or Less), Ontario, 2005–2007

Source	2005 (%)	2007 (%)
Someone else gave to me	47	50
Bought myself	16	11
Someone else bought for me	13	11
Took them without permission	9	12
Don't remember	9	11
Family member gave to me	4	3*
Family member bought for me	3*	2*

*This estimate must be interpreted with caution because of a moderate level of error associated with estimate; the coefficient of variation (CV) is between 16.6% and 33.3%.
Source: OSDUHS 2005–2007.

In 2007, 26% of all students in grades 7–12 felt it was difficult or impossible to obtain cigarettes. Half (49%) of all students felt it was easy to obtain cigarettes, which is significantly lower than that reported in 2005 (57%). Almost all current smokers (95%) believed it was easy to obtain cigarettes. Ease of obtaining cigarettes increased dramatically with age, ranging from 18% among students in grade 7 to 73% among students in grade 12 (OSDUHS 2007). Students in the North region of the province felt it was easier to obtain cigarettes than students in the Toronto area and the West region of the province (63% vs. 41% and 49%, respectively).

Perception of Risk/Harm

In 2007, three in ten students (31%) believed that people greatly risk harming themselves if they smoke one or two cigarettes a day (OSDUHS, 2007), a significant increase over 2003 and 2005 (24% and 28%, respectively, $p < 0.01$). In 2007, perceptions of risk significantly increased with grade, ranging from 24% in grade 7 to 37% in grade 12. Nonsmokers were more likely to believe that smoking one or two cigarettes a day was a great risk compared to current smokers (32% vs. 22%).

In 2007, 53% of students believed there was a great risk of harm from smoking marijuana regularly, whereas 31% believed smoking one or two cigarettes a day was a great risk, and 27% believed binge drinking on weekends was harmful.

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. In 2006, 28% of Ontario adults believed tobacco products should be sold only in government stores similar to the way alcohol is sold in LCBO stores; 30% believed tobacco products should not be sold at all, and 38% believed tobacco products should be sold as they are now.

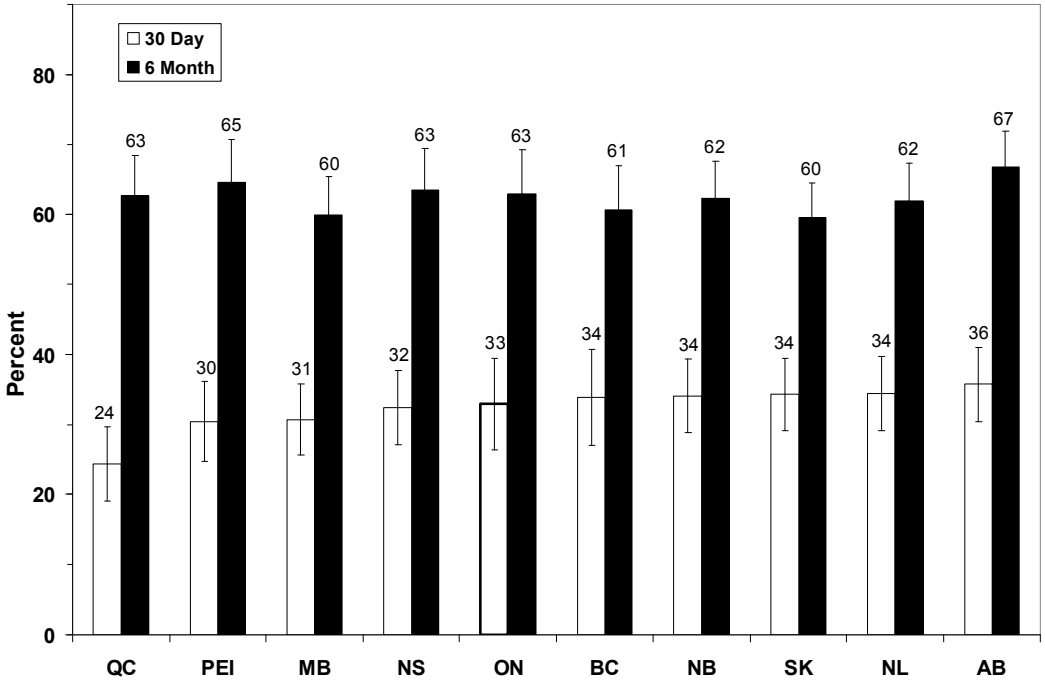
Cessation

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 earlier in a smoker's life.

Intentions to Quit

Across Canada, 30-day quit intentions ranged from a low of 24% in Quebec to a high of 36% in Alberta. Six-month quit intentions did not differ by province. Six in 10 Ontario current smokers (63%) expressed an intention to quit smoking within 6 months of their interview; 33% indicated a serious intention to quit within 30 days (Figure 2.15; CTUMS 2006). Alberta had the highest level of 6-month and 30-day quit intentions (67% and 36%, respectively).

Figure 2.15: Intentions to Quit Smoking within Next 30 Days and Next 6 Months, by Province, Current Smokers, Ages 15+, Canada, 2006



Note: Ordered by prevalence of 30-day quit intentions. Vertical lines represent 95% confidence intervals.
Source: CTUMS (Annual) 2006.

Quit Attempts

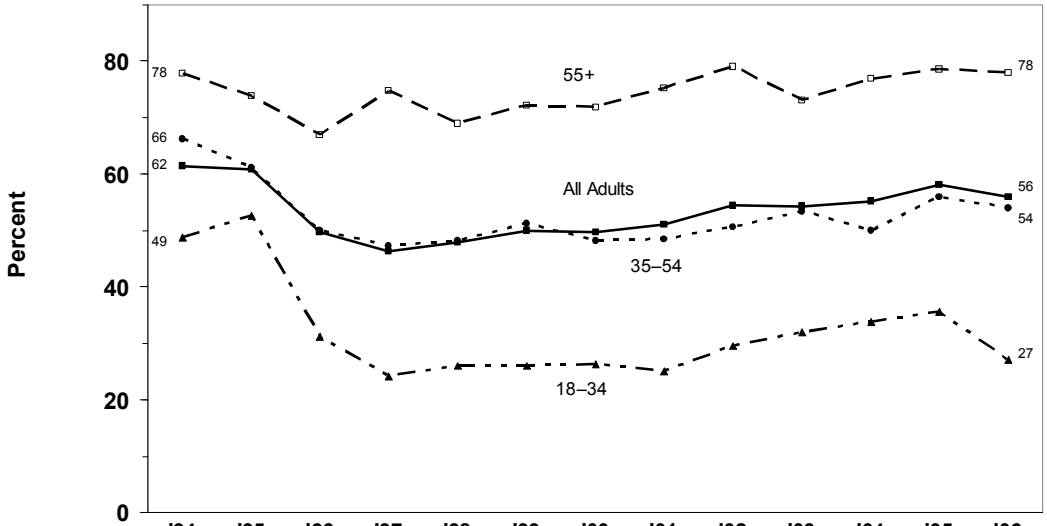
Forty-three percent of current smokers in Ontario reported making a serious attempt to quit smoking at least once in the 12 months prior to their interview. Among smokers making a quit attempt, 4 in 10 made a single attempt (39%) and 6 in 10 (61%) made 2 or more quit attempts (CAMH Monitor 2006).

Quit Duration and Former Smoking

Among ex-smokers, 8% (165,800 people) reported quitting from 1 to 6 months before they were surveyed, 3% (45,500 people) reported quitting from 7 to 12 months ago. Seventeen percent of ex-smokers quit between 1 and 5 years ago, and 72% quit smoking more than 5 years ago (CAMH Monitor 2006).

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 2006, 56% of Ontarians who had ever smoked had quit for at least one year (Figure 2.16). Adults aged 55 and over had the highest rate of trying to quit (78%); adults aged 18 to 34 had the lowest quit rate (27%).

Figure 2.16: Quit Rate (Former Smokers as a Proportion of Ever Smokers), by Age, Ontario, 1994–2006



	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06
All Adults	62	61	50	46	48	50	50	51	54	54	55	58	56
18–34	49	53	31	24	26	26	26	25	30	32	34	36	27
35–54	66	61	50	47	48	51	48	48	51	53	50	56	54
55+	78	74	67	75	69	72	72	75	79	73	77	79	78

Source. CAMH Monitor 1994–2006.

Health Professional Advice

Among current smokers aged 15 or older who had visited a doctor in the past 12 months, the prevalence of being asked by a doctor to quit smoking ranged from a high of 57%, in Nova Scotia, to a low of 45%, in Prince Edward Island. The prevalence of physician advice in Ontario was 48%. Of current smokers in Ontario who had visited a dentist in the past year, 35% said their dentist had advised them to quit smoking (CTUMS 2006).

Quit Aids

In 2006, among Ontario smokers and recent (6-month) quitters who had attempted to quit smoking or reduce their smoking in the previous 6 months, 22% had used some sort of pharmaceutical or behavioural aid (OTS, 2006). Specifically, 16% used pharmaceutical aids (such as the nicotine patch, gum, or inhaler; Zyban or Wellbutrin) and 11% 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).

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. The smoke-free provisions of the *Smoke-Free Ontario Act* came into force on May 31, 2006.

Exposure at Work

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 (Figure 2.17), which was after the implementation of the *Smoke-Free Ontario Act* (banning smoking in indoor worksites [as well as other sites] as of May 31, 2006). Even among blue-collar workers, 91% worked in settings with total indoor smoking bans (CAMH Monitor 2007, data not shown).

In the first half of 2007 (following *SFOA* implementation), 8% of all Ontario workers were exposed to secondhand smoke while indoors at work. Professionals; managers; sales, service, or clerks; and blue-collar workers equally responded that they were not exposed to indoor secondhand smoke (95%, 92%, 91%, and 91%, respectively). (Data for overall workplace exposure [indoor or outdoor] was not available for 2007 from the CAMH Monitor. However, CTUMS indicates that overall workplace exposure was 25% in the first half of 2006 and 22% in the first half of 2007 [data not shown].)

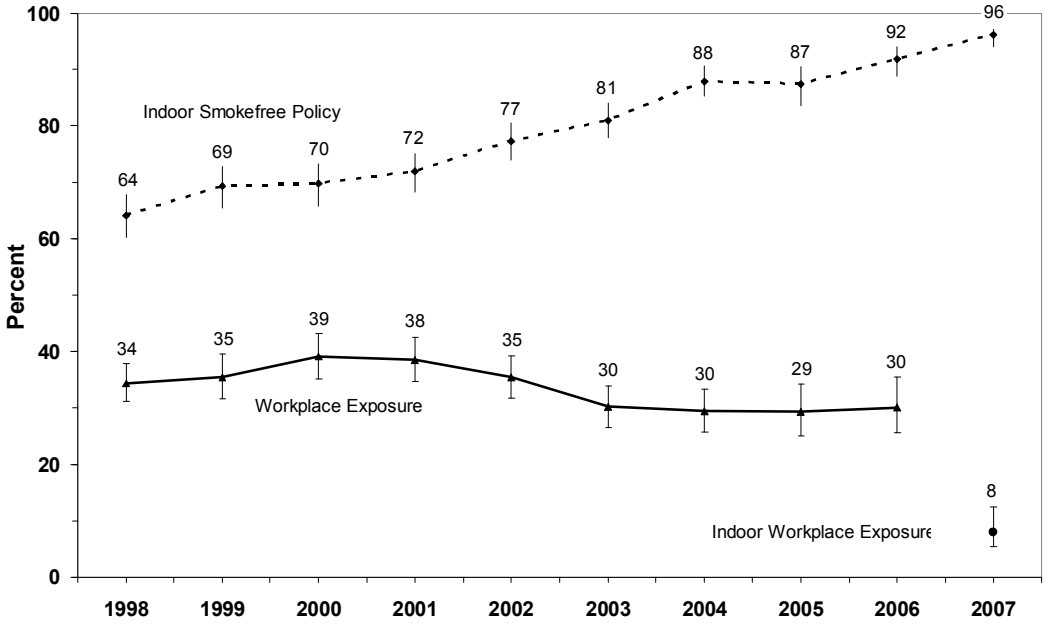
Exposure in Public Places

One year before the implementation of *Smoke-Free Ontario Act*, 22% of Ontario adults who were inside a restaurant in the past month reported people smoking around them, whereas only 9% reported exposure in the year following implementation of the *Act* (Figure 2.18). Secondhand smoke exposure in bars among the population of adults visiting these establishments in the past 30 days was 42% prior to the *Act* and 14% in the 12 months following implementation.

After implementation of the *Act*, exposure on restaurant and bar patios was 48% and 74%, respectively (Figure 2.18). Over the first 6 months of 2006, 64% of Ontario adults agreed that smoking should not be allowed on restaurant and bar patios, a significant increase over the percentage who felt this way during the first half of 2005 (50%; CAMH Monitor 2006, data not shown).

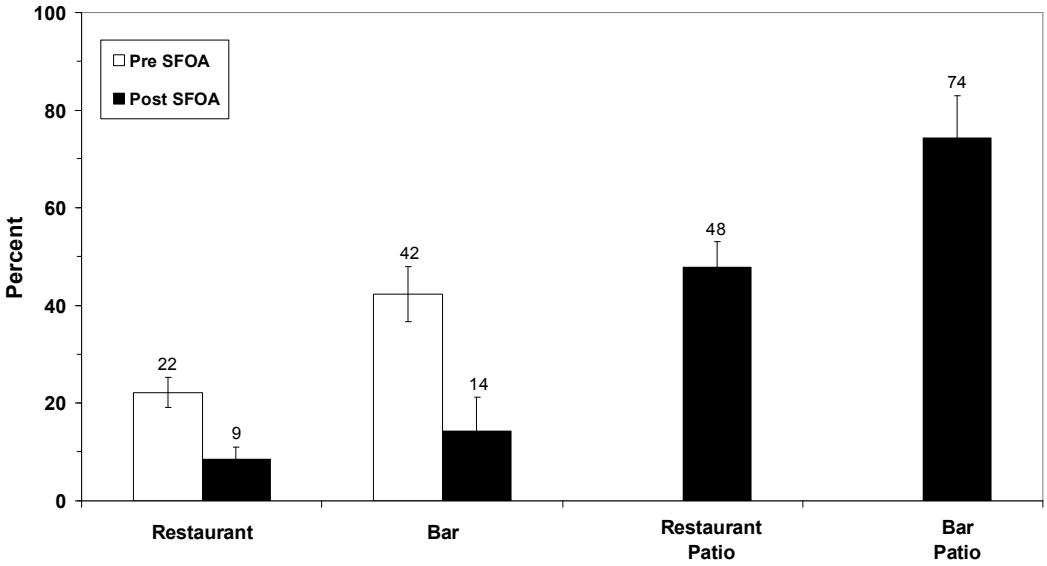
About half of all Ontarians were exposed to secondhand smoke at entrances to buildings and outdoors, such as on a sidewalk or in a park (51% and 52%, respectively; CTUMS 2006, data not shown).

Figure 2.17: Workplace Rules and Secondhand Smoke Exposure at Work, All Workers (Ages 18+), Ontario, 1998–2007 (January–June)



Note: Response categories for "Indoor Smokefree Policy" include "smoking is only allowed outside" and "smoking is not allowed at all." Vertical lines represent 95% confidence intervals.
Source: CAMH Monitor 1998–2007.

Figure 2.18: Past Month Exposure to Secondhand Smoke at Restaurants and Bars, Ages 18+, Ontario, 1 Year Before and After the Implementation of the *Smoke-Free Ontario Act*



Note: Vertical lines represent 95% confidence intervals. The *Smoke-Free Ontario Act* (SFOA) was implemented May 31, 2006.
Source: Ontario Tobacco Survey 2005–2007.

Compliance with Smoke-Free Laws

In the spring of 2006, prior to the implementation of the *Smoke-Free Ontario Act*, 6% of restaurants and bars in Ontario were observed to have people smoking indoors (including those with designated smoking rooms). Bars were significantly more likely to have indoor smoking on their premises than restaurants (16% vs. 2%). One year after the *Smoke-Free Ontario Act*'s implementation of the indoor restaurant and bar smoking ban, virtually all restaurants and bars were observed to be in full compliance with prohibiting indoor smoking (99%).[7] Among the 31% of bars and restaurants that had patios covered by smoke-free provisions of the new *Act*, 43% of the patios were in use. Of the patios in use, 27% were observed to have people smoking.

Secondhand Smoke in Homes and Cars

Reduction of secondhand smoke exposure in homes and vehicles is one objective of tobacco control, intended in large part to protect children and youth from the dangers of secondhand smoke.

Household Exposure

In 2005, more than 600,000 Ontarians (7.3%) 12 years and older were exposed every day or almost every day to secondhand smoke at home (one-person households with a smoker were not asked the survey question). Exposure varied across Ontario's public health units, ranging from 5% in Toronto and York to 13% in Eastern Ontario, Elgin-St. Thomas, and Leeds, Grenville and Lanark (Table 2.3).

One common objective of tobacco control is to increase the adoption of voluntary policies to make homes smoke-free. In Ontario, 81% of households prohibited cigarette smoking in the home (one-person households with a smoker were not asked the survey question; CTUMS 2006). Among those households where smoking was not prohibited, 43% restricted smoking in some way, including only allowing smoking in certain rooms (70%), only allowing smoking if windows were open or with some other type of ventilation (45%), and restricting smoking in the presence of children (30%; CTUMS 2006).

In 2006, 73% of adults in Ontario, and 53% of all current smokers, believed that smoking should not be allowed inside multi-unit dwellings with shared ventilation, including apartment buildings, rooming houses, and retirement homes. Seven out of every 10 respondents (70%), including more than half of all current smokers (55%), supported a law prohibiting parents from smoking inside a home where children are living (CAMH Monitor 2006).

Vehicular Secondhand Smoke Exposure

In 2005, about 8% of non-smoking Ontarians (12 years and older) were exposed to secondhand smoke while in vehicles, which is close to 650,000 Ontarians. Exposure ranged from 5% in Toronto

[7] Data from Dubray, J., Schwartz, R., Garcia, J., Bondy, S., Victor, J.C. *Formative Evaluation of the Smoke-Free Ontario Act: Comparison of Baseline and Two Post-SFOA Measurements*. Toronto, ON: Ontario Tobacco Research Unit, Special Report Series. November 2007.

to 13% in Algoma, North Bay Parry Sound, and Porcupine public health units (Table 2.3). Exposure among youth aged 12 to 14 was 14% (65,600) and among youth aged 15 to 19, 21% (14,300). Among Ontario adults 18 years or older, 78% said they support a legal ban on smoking in cars while children are present, with about two-thirds (66%) of current smokers expressing support (CAMH Monitor 2006).

Table 2.3: Reported Exposure to Secondhand Smoke at Home and in Private Vehicles (Every Day or Almost Every Day), by Public Health Unit, Ages 12+, Ontario, 2005

Public Health Unit*	Home		Vehicle	
	%	Population	%	Population
Toronto	4.7	84,300	4.7	85,100
York Region	5.4	34,600	6.4	41,500
Ottawa	5.5	31,200	7.0	39,800
Region of Waterloo	5.8	19,000	6.8	22,100
Halton Region	6.4	19,300	6.1	18,300
Grey Bruce	6.5†	7,100	8.8	9,600
Perth District	7.0†	3,600	8.6†	4,400
Simcoe Muskoka District	7.0	21,600	9.2	28,300
Peel	7.3	59,200	9.9	79,700
Wellington-Dufferin-Guelph	7.3	12,400	9.8	16,700
Middlesex-London	7.6	23,000	6.7	20,300
Durham Region	8.0	28,800	8.0	28,600
Brant County	8.2	6,700	10.4	8,400
Kingston, Frontenac and Lennox & Addington	8.4	10,200	7.9	9,600
Windsor-Essex County	8.5	21,900	9.1	23,300
Niagara Region	9.1	25,900	9.0	25,600
Huron County	9.2†	3,600	10.5	4,100
Peterborough County-City	9.4	8,500	12.1	10,900
Oxford County	9.7†	6,400	8.9	5,800
City of Hamilton	9.8	33,100	9.9	33,400
Hastings and Prince Edward Counties	9.8	9,800	8.7†	8,700
Haldimand-Norfolk	10.1	6,700	8.4†	5,600
Chatham-Kent	10.2	6,900	10.7	7,300
Lambton	10.3	8,500	8.3†	6,900
Renfrew County and District	10.9	6,400	9.2†	5,400
Timiskaming	11.4	2,500	8.8†	1,900
Algoma	11.5	8,700	12.8	9,700
North Bay Parry Sound	11.9	9,100	13.0	9,900
Haliburton, Kawartha, Pine Ridge District	11.9	14,000	9.9	11,600
Thunder Bay District	12.0	11,500	12.2	11,700
Northwestern	12.0†	4,700	10.1†	3,900
Porcupine	12.1	5,900	13.4	6,600
Sudbury and District	12.2	15,000	10.5	13,000
Eastern Ontario	12.5	15,400	12.2	14,900
Elgin-St. Thomas	12.7†	6,800	9.6†	5,100
Leeds, Grenville and Lanark District	13.0	14,100	9.8	10,600
ONTARIO average	**7.3**	**606,400**	**7.8**	**648,400**

*Ordered by percent exposure to secondhand smoke in home (lowest to highest).
†This estimate must be interpreted with caution because of a moderate level of error associated with estimate. The coefficient of variation is between 16.6% and 33.3%.
Source: Canadian Community Health Survey, 3.1 (Statistics Canada — Catalogue no. 82-221, Vol. 2006 No. 1; Health Indicators, June 2006).