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SMOKING AND QUITTING BEHAVIOURS OF LOW SES ADULT SMOKERS



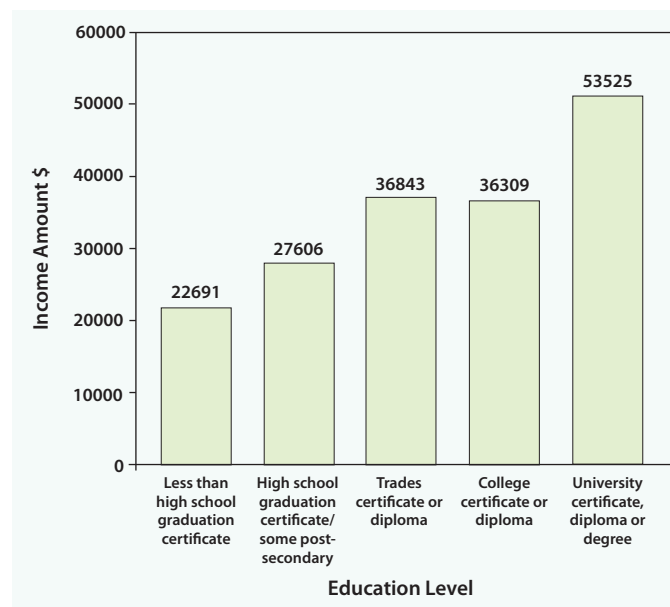
Welcome to the first newsletter in our series looking at smoking and quitting behaviours of adult smokers (24 years old or older) who have a high school diploma or less.

OUR STUDY

The purpose of our current study is to evaluate the success of Ontario's smoking cessation system in promoting and supporting quit attempts by low socio-economic status (SES) adult smokers. In this study, we

define low socio-economic status by level of education, as this has been used as an indicator in past studies (Gupta 2006; Haustein 2005; Lintonen et al. 2000; Lowry et al. 1996; Wallace et al. 1999) and there is a strong correlation between levels of education and levels of socio-economic status in Ontario (Ministry of Northern Development, Mines and Forestry 2009; Statistics Canada 2004). Figure 1 shows the average income by education level in Ontario, where the average earnings of the population 15 years and over was \$35,185 (Statistics Canada 2004).

Figure 1: Average Income in Ontario According to Education Levels



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METHODS

Our study synthesizes information using 5 different methods:

1. Examining the proportion of adult smokers, over the age of 24 with a high school education or less, who have used at least one smoking cessation service funded by the Ontario Ministry of Health Promotion.
2. Interviewing key informants who present insights into the smoking cessation services in Ontario.
3. Interviewing agency workers (staff that work with adults who have a high school education or less) in order to understand their views about smoking cessation in general and smoking cessation services in particular.
4. Analyzing OTRU's Ontario Tobacco Survey (OTS) to learn about the extent to which this sub-population is aware of, and uses, cessation services. We will also examine the efficacy of the services and products in helping adult smokers with a high school education or less quit or reduce their smoking.
5. Interviewing 100 adult smokers with a high school degree or less in order to understand what they like and dislike about the current smoking cessation services and products. The interviews are being conducted in Chatham, Toronto and Thunder Bay.

This newsletter presents some background information about our study, as well as results about the proportion of adult smokers with a high school diploma or less who have used Ontario's cessation services. We will be reporting on our other findings in future newsletters, so stay tuned!

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WHY STUDY SMOKING CESSATION?

About 44 Ontarians die every day from tobacco-related diseases (Cancer Care Ontario 2005). In 2002, more than 37,200 Canadians died as a result of tobacco use and second hand smoke. Cancers accounted for 17,679 deaths, heart disease and stroke for 10,853 deaths, and respiratory diseases for 8,282 deaths (Rehm et al. 2006). The annual economic cost of smoking - including direct costs such as health care, and indirect costs from lost productivity due to illness and early death - has been estimated at over \$6 billion, or more than \$500 per person in Ontario (Rehm et al. 2006).

There are many benefits associated with investing in smoking cessation efforts. Smoking cessation is accompanied by rapid and significant reductions in the risk of heart disease, as well as the reduced risk of lung cancer and other diseases over time (Fiore 2003). Some of the health benefits of quitting begin almost immediately. For example, the chances of having a heart attack begin to decrease after just one day of abstinence (US Department of Health and Human Services 1990). After one year of remaining smoke-free, the excess risk of having a heart attack is cut in half, relative to those who continue to smoke (US Department of Health and Human Services 1999). Quitting smoking also reduces respiratory infections, chronic lung disease and post-operative complications (US Department of Health and Human Services 1990). Quitting smoking also has the potential to diminish pressures on the health care system and save a substantial amount of money (Lightwood and Glantz 1997).

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WHY STUDY SMOKING AND QUITTING BEHAVIORS OF LOW SES ADULT SMOKERS?

In Ontario, there is a strong correlation between levels of education and smoking prevalence rates. According to the Centre for Addiction and Mental Health (CAMH) Monitor, 27% of Ontarians with less than a high school diploma smoke; this is more than twice the smoking prevalence rate of those with a university degree.

The minimum age of 24 was chosen for this study as research currently shows that the average age of graduating school before entering the workforce for the Y generation is 24 years (Sekaly 2007).

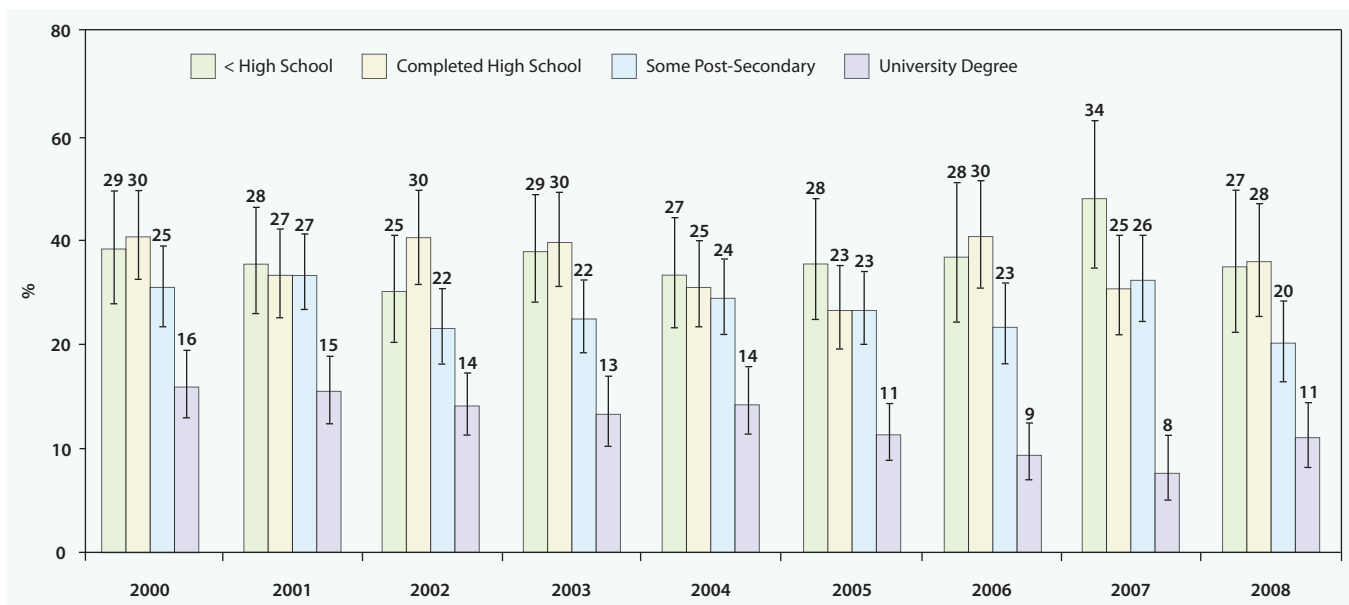
Further, research has shown that in Canada "by the time a person is in the 20-24-year-old age bracket, much of the opportunity for high school graduation has elapsed" (Bowlby 2008)

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Figure 2 : Current Smoking in the Past 30 Days, by Education, Ages 24+, Ontario, 2000-2008



Note: Vertical lines represent 95% confidence intervals
Source: CAMH Monitor 2000-2008

SMOKING CESSATION SERVICES AVAILABLE THROUGHOUT ONTARIO

In Ontario, over two million people (12 years and older) smoke, and approximately 20% of those smokers (or 386,100 people) are adult smokers with a high school degree or less (CCHS 2005, cycle 3.1). The Ontario Ministry of Health Promotion has implemented a number programs and services to encourage people to quit smoking and to help them in their quit attempts. These include:

1. Smokers' Helpline: The Canadian Cancer Society's Smokers' Helpline is a free, confidential, interactive telephone service for all smokers. The Helpline supports smokers who:

- want to quit,
- are thinking about quitting,
- have quit but want support,
- continue to smoke and do not want to quit.

Trained quit specialists provide clients with information, advice and support, as well as with printed materials and referrals to local programs and services. They also assist family and friends who would like to help a smoker quit.

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SMOKING CESSATION SERVICES AVAILABLE THROUGHOUT ONTARIO CONT'D

2. Smokers' Helpline Online: Smokers' Helpline provides web-based, interactive assistance 24-hours per day, 7 days per week via Smokers' Helpline Online. Features of the web-based help include:

- online support groups,
- email support,
- instant messenger service, and
- personalized feedback about financial and health gains associated with quitting.

3. The Driven to Quit Challenge: The purpose of the Driven to Quit Challenge is to motivate smokers (19 years and older) to quit smoking, to disseminate information about cessation resources and to encourage smokers to seek help through Smoker's Helpline/Online.

4. The Ottawa Heart Institute has developed a network of hospital-based smoking cessation programs. At admission, smoking status is identified through the medical and/or nursing history and documented in the patient record. Current smokers are advised to quit in a personalized manner by the attending physician/nurse. After being discharged from the hospital, patients are contacted every month for six months to check their smoking status. If the patient is having trouble

remaining smoke-free or if they have started smoking again, a nurse counsellor will call to help get the patient back on-track.

5. The Stop Study is a comprehensive program that distributes free nicotine replacement therapy (NRT) products to smokers across Ontario who would like to quit. The overall goal of the study is to evaluate the methods and effectiveness of providing (NRT) to Ontario smokers (enrollment for the STOP Study is currently closed).

In addition to these smoking cessation services:

1. The Ontario Ministry of Health Promotion has also introduced a series of policies to protect people from secondhand smoke. These policies, which are designed to reduce exposure to secondhand smoke, might in turn encourage smokers to quit smoking.
2. The federal government has implemented program and policy initiatives to help smokers quit smoking.
3. Some Public Health Agencies offer further cessation services to their residents;
4. There are numerous for-profit cessation services (such as laser, hypnosis and acupuncture clinics) and not-for profit cessation services throughout Ontario.

Reach of Services Available in 2008/2009

As a first step to understanding how well cessation services are serving adults (with a high school education or less) who smoke, we examined the use of programs in 2008/2009 by this group. Unfortunately, most of the services offered by the Public Health Agencies and by the Ottawa Heart Institute Model do not keep track of the education level of their clients, and thus we are unable to report on the reach of these programs.

The STOP Study gave free NRT to 14,215 adult smokers with a high school degree or less, which represents 42% of all STOP participants (15,338) and 4% of all adult smokers with a high school degree or less.

The Driven to Quit Challenge was taken up by more than 8,630 adult smokers with a high school degree or less, which represents 39% of all registrants (22,139) and 2% of all adult smokers with a high school degree or less.

Smokers' Helpline received over 1,070 calls from adult smokers with a high school degree or less, which represents 39% of all its calls from smokers (2,724) and less than 1% of all adult smokers with a high school degree or less.

Smokers' Helpline Online had over 1,480 adult smokers with a high school degree or less register, which represents over 30% of all the registrants (4,642) and less than 1% of all adult smokers with a high school degree or less.

This is mixed news. While at least 30% of the smokers using Ontario's smoking cessation services are adult smokers with a high school degree or less, the reach of each program is still quite low. Programs are reaching between one and four percent of all adult smokers with a high school degree or less.

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