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ON THE STREET: WHAT LOW SES SMOKERS SAY ABOUT SMOKING CESSATION IN ONTARIO



OUR STUDY

Welcome to the fourth and last issue of our series examining how well Ontario's smoking cessation services are serving the needs of low socioeconomic status (SES) adults who are over the age of 24. Preliminary findings are presented in a series of newsletters.

Past issues include:

- Issue 1: Smoking and Quitting Behaviours of Low SES Adult Smokers;
- Issue 2: What Key Informants Say about Cessation Services For Low Socio-Economic Status (SES) Adult Smokers
- Issue 3: Low SES Smokers in Ontario: A Comparison on the Basis of Education

This issue focuses on findings from our street intercept interviews with low SES smokers in Ontario. We thank all smokers who generously agreed to be interviewed; this study would not have been possible without their valuable input.

THE INTERVIEW

The Street Intercept Interview Sample and Methods

Choosing the Sample

From May to July 2009, OTRU outreach workers interviewed a total of 100 low SES smokers in Chatham, Toronto and Thunder Bay. The participants were recruited at local shopping malls, bars, restaurants, youth employment centres, events, parks, as well as while they were waiting for public transport. The three public health units in these areas were chosen for their differences in smoking prevalence, unemployment rate, and education level (see Table 1 on page 2).

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THE INTERVIEW continued

Table 1: Recruitment Sites for Street Intercept Participants

	Chatham-Kent	Toronto	Thunder Bay
Population	108,589	1,090,301	154,067
Smoking Prevalence ¹	24%	18%	27%
Unemployment Rate ²	9%	7%	14%
High School Education or Less ³	49%	29%	47%
Number of Participants	34	34	32

¹ Statistics Canada. Canadian Community Health Survey (CCHS 3.1). 2005 (CANSIM table 105-0427).

² Statistics Canada. Employment Insurance (EI) Program Characteristics for the period of January 11, 2009 to February 07, 2009 Retrieved February 07, 2009, from http://srv129.services.gc.ca/eiregions/eng/rates_cur.aspx

³ Statistics Canada. 2006 Census Data- Community Profiles. Retrieved February 24th 2009, from <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>

311 people were approached as potential participants; 32% (n=100) were interviewed.

- 30% (n=92) were not able or interested in participating
- 24% (n=74) were ineligible as they had more than a high school diploma (level of education was used as a marker for socioeconomic status in this study)
- 9% (n=27) were ineligible as they had not smoked more than 100 cigarettes in their lifetime or had not smoked a cigarette in the last six months
- 6% (n=18) were ineligible because they were younger than age 24

Eligible participants were asked their opinions about cessation services that are currently available in Ontario, as well as what services they would like to have available.



PARTICIPANTS

Participants were adults over the age of 24 with a high school education or less. Each participant had smoked more than 100 cigarettes in their lifetime and had smoked at least one cigarette in the past six months (see Table 2).

Table 2: Participant Characteristics

Participant Demographics	
Males	59 %
Females	41 %
Age	
24-29	30%
30-39	17%
40-49	22%
50-59	23%
60-69	8%
Highest Level of Education	
High School Diploma	57 %
Some High School	38 %
Grade 8 or Less	5%
Gross Household Income	
Less than \$15 K	29 %
\$15-\$29 K	29 %
\$30-\$44 K	15 %
\$45 - \$79 K	7 %
\$80 - \$99 K	3 %
\$ 100 K +	2 %
Did Not Answer	15%
Marital Status	
Single	62 %
Married	33%
Separated	4 %
Widowed	1%
Smoking Behaviours	
Daily	98 %
Occasional	2 %
Number of Cigarettes Per Day	
0-4	7 %
5-10	14 %
11-15	31 %
16 +	46 %
Unknown	2 %



QUITTING BEHAVIOURS

1. Cold Turkey

Of the 87 participants who reported having tried to quit in the past, most participants (n= 67) said they had tried quitting cold turkey. Although many were unsuccessful, half (n= 43) said that in the future they would quit cold turkey.

Well, I probably wouldn't go anywhere for help, I would just go cold turkey and I have quit before and that's what I did then. (Chatham, Male, Age 24)

2. Smokers' Helpline

While more than half of participants (n = 57) had heard of the Smokers' Helpline (SHL), almost 50% of all participants (40) were not interested in using this service. One of the major reasons cited was that participants did not feel comfortable speaking to a stranger about their problems, and would prefer to quit cold turkey. Some people believed that helplines are more suitable for people suffering from mental illness.

I don't know, I just really don't want to tell anybody about my problems or whatever, if I'm going to quit, I'm going to do it cold turkey. (Chatham, Male, Age 39)

3. Smokers' Helpline Online

Most participants (n= 85) had not heard of the online Smokers' Helpline. After the service was explained, many participants (n= 41) said that they would not use this service in the future because they either did not have access to a computer or they were not computer savvy.

I don't have a computer and I'm not really computer literate. (Toronto, Female, Age 50)

However, several participants who had access to the internet and felt comfortable using it said that they preferred online services to the telephone helpline; they believed it offered more anonymity. Many also felt it would be easier to look up information as needed and work at an individual pace, instead of talking to someone.

Definitely, because you're not talking to anybody it's just more you could do it on your own time and look up what you want to look up. (Toronto, Male, Age 30)

4. Self-help Materials

Although many participants (n= 59) were aware of self-help materials, most had not used them and stated they were not interested in using them. According to some participants, the books were hard to comprehend and not interesting. Others felt that self-help materials were time consuming and that quitting cold turkey would be better. There was an overall belief that self-help materials alone are not enough to motivate someone to quit.

Reading the books...didn't quite make sense to me... meaning I needed somebody to explain it to me. (Thunder Bay, Male, Age 24)

I don't think I have the time to sit down and watch a video or read a book on how to quit smoking when in the past, I quit just cold turkey on my own. (Chatham, Female, Age 28)

5. Counseling

Most participants were not aware of, and had not used, individual or group smoking cessation counseling. Similar to SHL, many participants (n= 42) believed that counseling was ineffective and said that they would not use this service in the future.

Just talking to somebody about smoking is just not, counseling is more for other reasons. (Toronto, Male, Age 30)

A few participants, who were interested in counseling, felt that it was important to have counselors who have quit smoking and have undergone the cessation process themselves.

You have to make sure you get the right people running it though too. Make sure it's people that have been in the same position and understand what it's like to go through it. (Chatham, Male, Age 41)

6. Driven to Quit Campaign

Most participants (n= 60) had not heard of the Driven to Quit Campaign; however, once it was explained to them, more than half (n= 42) said that they would participate in the contest in the future.

Yes, definitely, I'll look into quitting for a car. (Toronto, Male, Age 30)

7. Non-NRT Pharmacotherapy

Many participants (n= 46) were not interested in using pills because of their side effects, or, because they would prefer a more natural method of quitting. A few participants indicated that they would try using pills if they were more affordable.

I'm really weary of taking pills, even when they're prescribed by a doctor...I would prefer more natural method rather than pumping something else in my body. (Chatham, Male, Age 41)

8. Nicotine Patch

Although most participants (n= 83) had heard of the nicotine patch, more than half (n= 56) had never used it. Of the 56 participants who had never used the patch, 38 stated that they would not use it in a future attempt because they felt it was ineffective and had numerous side effects including nausea, heart complications and rashes.

No, because I heard there's complications to them...Heart problems with their heart speeding up when they're smoking and if they have a smoke while they have the patch.... (Toronto, Male, Age 40)

continued



Of the 31 individuals who said they would use the patch in the future, more than half (n= 17) said they would only use it if it were more affordable.

Yes, if it was free of charge, definitely, anything that would save money from buying cigarettes if I'm going to spend the money I might as well smoke. (Toronto, Female, Age 44)

9. Nicotine Gum

Most participants (n= 84) were aware of the nicotine gum. Almost half of the participants (n= 43) believed the gum to be ineffective and, therefore, would not use it in the future. Most participants were discouraged by the bad taste; however, they agreed that if it had a better flavour they would be willing to try it again.

The taste is like old gym socks...it's something you wouldn't want to put back in your mouth...No, I didn't really find [it effective]. (Chatham, Male, Age 34)

POLICY FACTORS

1. Importance of Price

A majority of participants (n= 57) agreed that price is an important factor when they are purchasing cigarettes. More than half (n= 61) buy their cigarettes from convenience stores, while approximately one quarter (n= 26) buy their cigarettes from reserves. A few participants (n=7) purchase their cigarettes through informal networks. Six participants did not give a clear answer to the question and replied with answers, such as "wherever." According to a majority of participants (n= 53), increases in cigarette prices will not have an impact on their smoking behaviour. Instead, they will continue to smoke by either purchasing cheaper cigarette brands or contraband from First Nations reserves.

I'd find a cheaper way to get them. (Toronto, Male, Age 41)

I will ... buy cheap cigarettes that come from the reserves. (Toronto, Male, Age 45)

For those individuals (n= 34) whose smoking behaviours are impacted by price, more than half (n= 23) said they would buy a cheaper brand or reduce the number of cigarettes they smoke, instead of quitting.

2. Smoking Restrictions

All of the participants were aware of the smoking restrictions in the places that they frequented and they agreed that these restrictions were enforced. Of the 75 individuals who were asked how they felt about these policies, one third (n= 25) felt indifferent towards the restrictions; others (n= 24) agreed with the smoking restrictions in pubs and cars because they reduced the amount of secondhand smoke exposure to nonsmokers. Some participants (n= 17) strongly disagreed with the smoking restrictions and some (n= 10) felt that the restrictions were fair and justified in certain cases, such as in restaurants, but did not agree with the restrictions in bars or pubs.

I don't really give it much thought; it doesn't bother me anymore; I'm accustomed to it, the law is the law and you can't do anything except abide by it, that's what I do. (Toronto, Male, Age 57)

I think it's good because second hand smoke is, is, more dangerous and ...I'm actually happy that they do have it because we don't really, we don't need to be getting' other people sick, eh? (Thunder Bay, Male, Age 29)

Almost 50% of the participants (n= 48) felt that the restrictions helped them reduce their cigarette consumption.

Oh, sure, I can't get up and down to go outside because of my knees so I got to cut down when I go someplace that has no smoking. (Toronto, Female, Age 50)

CONCLUSIONS

These findings suggest that low SES smokers face several barriers to using the available smoking cessation services. Furthermore, while participants believed that increasing the cost of cigarettes would not have a substantial impact on smoking behaviour (as they would find cheaper cigarettes elsewhere), policies restricting smoking in public places were believed to reduce the number of cigarettes consumed.

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