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

EVALUATION NEWS

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CESSATION SERVICES IN SIMCOE MUSKOKA

We thank all smokers and workplace managers who so generously agreed to be interviewed for this study; without their valuable input this study would not have been possible.

STUDY BACKGROUND

The Ontario Tobacco Research Unit (OTRU) is pilot testing a methodology to understand the availability of cessation services at local levels in Ontario. The methods for this study are being tested in Simcoe Muskoka. Preliminary findings are presented in a series of newsletters. The first issue presented the preliminary findings from OTRU's scan of the availability and reach of smoking cessation services in Simcoe Muskoka; the second newsletter presented the results of interviews with key informants. This issue reports the findings of a survey of blue collar workers and interviews with blue collar worker managers.

WHY STUDY BLUE COLLAR WORKERS?

Previous studies have shown that smoking is the leading cause of health inequalities in Canada today and the principal reason for inequalities in death rates between rich and poor. [1] Many of the health risks associated with smoking decrease upon quitting. Within one year of quitting smoking, the risk of a heart attack is decreased by 50%; within five years, it returns to the risk level of a person who has never smoked. For cancer, it takes approximately 10-15 years after quitting to approach the risk levels of a "never smoker."[2]

Although the current prevalence of smoking in Ontario has tumbled from 24% in 1999 to 16% in 2005 (CTUMS- Annual 1999-2005), these figures might not reflect regional or demographic differences. The prevalence of smoking is highest among persons with a low household income of less that $15,000 (29%) and among those with secondary school as their highest level of education (26%) (CTUMS, 2005). Blue collar workers in Ontario have a much higher prevalence of smoking (32%) than white collar workers (12%) or sales workers 16% (CTUMS, 2005). Further, little is known of what cessation services are reaching the people who need them the most.

In order to understand what services are available for blue collar workers in Simcoe Muskoka, we conducted Continues on pg 2

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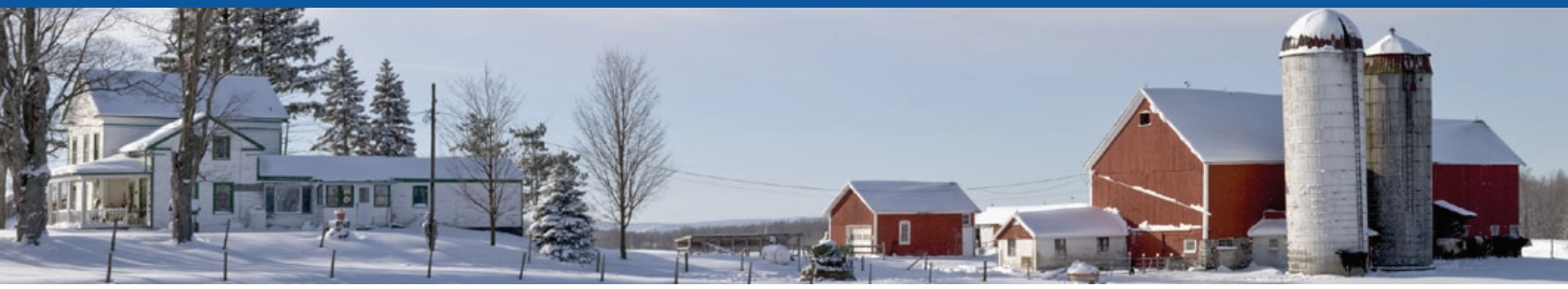

Why Study Blue Collar Workers?

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a survey with 100 blue collar workers and we interviewed four workplace managers. We defined blue collar workers as employees directly engaged in manufacturing operations including employees at the establishment engaged in processing, assembling, storing, inspecting, handling, packing, maintenance, repair, janitorial, and watchmen services and working foremen.

References

1. Jha P, Peto R, Zatonski B. Social inequalities in male mortality, and in male mortality from smoking: indirect estimation from national death rates in England and Wales, Poland, and North America. The Lancet 2006; 386 367-70.

2. Fiore MC. A National Action Plan for Tobacco Cessation, Subcommittee on Cessation, : U.S. Department of Health and Human Services, Interagency Committee on Smoking and Health; 2003.

The Client Survey

The Participants

In the summer of 2007 two interviewers went to food establishments (restaurants, coffee shops, pubs, fast food eateries, diners); factories, resorts, gas stations, support groups, resource centers, and construction sites to recruit 100 blue collar smokers.

The map shows the cities and towns from which participants were recruited.

Participants were: blue-collar workers, 25 years old or older, had lived in Simcoe Muskoka for at least 6 months and had smoked 100 cigarettes in their lifetime and at least 1 cigarette in the last 6 months. We approached 243 people; 139 were not interested in participating and 4 did not qualify since they had not been living in Simcoe Muskoka for the last 6 months.

Participants' mean age was 40 (range 25-63); mean income was between $45,000-$59,000. 59% had a secondary diploma, at most.

Participants in this study had similar education levels to other blue collar smokers in Canada (CTUMS 2006 data), but participants from the present study were less likely to be married. There were also a greater proportion of female blue collar participants in the present study in comparison with CTUMS 2006 data.

Smoking Behaviour

Almost all participants (89%) were daily smokers, and 100% of those who were not daily smokers at the time of the interview reported that they had smoked daily in the past.

Sixty seven percent of participants reported having their first cigarette of the day in the first 30 minutes of being awake. 36% of participants had their first cigarette within 5 minutes of waking up.

The mean number of cigarettes smoked per day was 15.

Participants in our study were more likely to smoke their first cigarette within 5 minutes of waking up than Simcoe Muskoka smokers who are at least 25 years old (Data collected for this study by SRC) (36% vs. 22%). The sample was very similar in terms of number of cigarettes smoked.

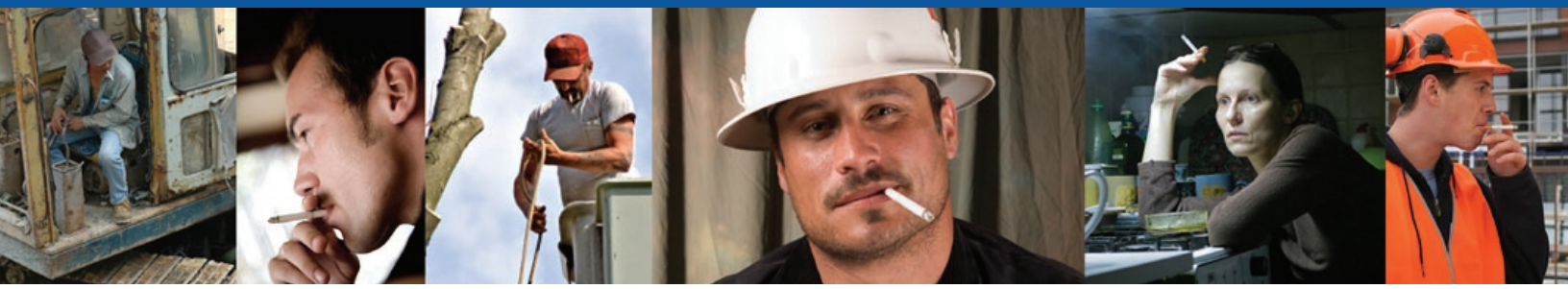
Dependence

There are several ways to measure dependence to tobacco smoking; one of the most common is the Heaviness of Smoking Index (HSI). The HSI is a scale based on time of first cigarette and number of cigarettes smoked per day. HSI is only computed for daily smokers. More than half (55%) of participants had a moderate dependence score.

Also interesting to note is that 73% of the sample considered themselves to be very addicted and 45% reported they would find it very hard to quit.

Attempting to Quit

76% of blue collar workers who participated in the study reported that they would benefit "quite a bit or a lot" from quitting; and 36% reported they had intentions to quit in the next 6 months. This is very similar to our finding from the general population of Simcoe Muskoka, where 74%



reported that they would benefit from quitting; and 39% reported they had intentions to quit in the next 6 months.

Most blue collar participants had seriously attempted to quit 2-3 times. Only 8% had never made a serious attempt to quit.

Almost half of all blue collar participants (40%) had not planned their last quit attempt in advance.

Quit Aids

When blue collar participants were asked to name five aids or resources that help people quit smoking, the three most common quit aids mentioned were: the patch, (83%); the gum (76%) and laser therapy, hypnosis or acupuncture (39%). The mean number of quit aids participants could mention was four. Table 1 shows the 10 most common quit aids participants mentioned.

Although 83% of participants mentioned the nicotine patch, only 42% of participants had used it. 52% of those who had used the patch found it at least somewhat helpful. The high recall of the product might be due to the promotional advertisements, while the much lower use of the product might be due to the cost. 59% of the participants thought that stop smoking medications cost too much.

Although only 3% of participants mentioned self help materials, 19% had used them in the past; and 73% had found them at least somewhat useful. Important to note is that 31% of participants had used a self help material that was sponsored by a private company (they had to pay to get it), and 6% had used self help materials sponsored by a tobacco company.

Table 1: Ten Most Common Quit Aids Mentioned by Participants

Quit Aid	Percent
Nicotine patch	83
Nicotine gum	76
Laser, hypnosis or acupuncture	39
Foods/ herbal supplements	12
Cold turkey	11
Telephone helpline	10
Counseling	8
Family and/or friends (support or pressure)	7
Inhaler	6
Self help materials	3

Table 2: Quit Aids Used and Satisfaction With Quit Aid

Quit Aid	Percent
Made deal with a friend or family	49
Found it at least somewhat helpful	45
Nicotine patch	42
Found it at least somewhat helpful	52
Nicotine gum	33
Found it at least somewhat helpful	24
Self help materials	19
Found it at least somewhat helpful	73
Sponsored by non profit organization	56
Sponsored by private company	31
Sponsored by tobacco company	6
Laser, hypnosis or acupuncture	11
Found it at least somewhat helpful	18

Table 2 shows the quit aids participants mentioned having used in the past, and their satisfaction with the quit aid.

Participants commonly made deals with friends or family members to help quit smoking. Almost half of the participants (49%) had made a deal with a friend or family in order to quit or reduce smoking. Of those who had made a deal 45% had found it at least somewhat helpful.

Media

In the past 30 days, almost forty per cent of participants (39%) had not seen or heard a news story about smoking; however, 72% had seen an advertisement about stop smoking medications like the patch or gum.

In the past 30 days, 52% had seen an ad sponsored by the Ministry of Health Promotion; and in the last year 53% had seen an advertisement about the Driven to Quit Challenge.

What's Working

- Most participants were aware of and reported they had access to nicotine pharmacotherapy, especially the patch and gum.
- Most participants (78%) reported that a doctor had asked them to quit. This is quite high, especially when compared to CTUMS where only 59% of participants reported that a doctor had asked them to quit.
- Almost half (44%) of participants had seen or heard of quit programs.
- When prompted, 48% had heard of Ontario's Smokers Helpline (compared to 37%- CAMH survey 2005)

Improving Smoking Cessation Services

1. **Having access to counseling services**
   - 34% stated they would be willing to participate in counseling to help them quit.
   - 28% thought that counseling programs were hard to get.
2. **Providing free or subsidized NRT**
   - The price of stop smoking medications is an obstacle to many participants, 59% of the participants thought that stop smoking medications cost too much.
   - 55% of participants thought that stop smoking medications could help them quit smoking.
3. **Creating a voluntary smokers' registry**
   - 48% report being interested in participating in a voluntary smokers' registry.
4. **Advising hospitalized patients to quit smoking**
   - 65% of participants had been hospitalized. Of these, only 22% were advised by hospital staff to reduce or quit smoking.
5. **Improving training of health professionals and their referrals to cessation services**
   - While most blue collar workers in our study had been advised to quit by a health professional, only 39% reported that it was at least somewhat helpful.
6. **Distributing more self help materials**
   - 77% of blue collar workers who had used self help materials, thought that they were at least somewhat helpful.
   - People were still using self help materials sponsored by tobacco industry.
   - Making sure self help materials are accessible and appealing to blue collar workers.
7. **Focusing more on the importance that social ties might have on quit attempts**
   - 49% of blue collar workers in our study had made a deal with a friend or family to quit or reduce their smoking and 45% of them found it at least somewhat helpful.

Interviews with Workplace Managers

In order to understand more generally what smoking cessation services blue collar workers need and the barriers and facilitators in implementing the needed services were we conducted four semi-structured interviews with workplace managers. Workplace managers were identified as people who worked with blue collar workers (e.g. Safety, Quality & Environmental Manager, Clinical Supervisor, and Human Resource Manager).

Participants

Interview participants were:

- Staff working directly with blue collar workers
- Staff who have worked in the community for an average of 11.6 years (range 4-17 years)
- A majority were male (60%)
- 40-60 years old

Prevalence of Smoking

All workplace managers believed that there was a higher prevalence of smoking in Simcoe Muskoka compared to Ontario generally.

> *"I work in a factory and I think we have, just from general observation, it seems like there's a much higher[rate of smoking]…, I would have put it around maybe 35 to 40%"*

Availability of programs/ services

Most of the workplace managers were not aware of any smoking cessation services; the workplace managers who were aware of cessation services only knew about the services that were offered at their specific worksites. The services mentioned included counseling services (individual and group), self-help resources, subsidized NRT, and hypnosis services.

Suggestions for improving existing services

Most workplace managers expressed the need to make stop smoking medications more accessible and affordable.

> *"Cost could be an obstacle up here as well. …I would hazard to guess that the average family income here would be lower than the provincial average. …And that could create a, you know, a bit of a cost burden for employees, for people, if it was too, too expensive to access."*

A concern mentioned by several workplace managers was the need to increase the publicity for smoking cessation programs and services.

> *"I don't seem to get a lot of information on smoking cessation opportunities available in the community."*

Gaps Identified by Workplace Managers

1. One of the biggest gaps identified by the workplace managers is the lack of services/ resources available for smokers in Simcoe Muskoka. Specifically workplace managers expressed their concern for lack of services in rural, northern parts of the region.

> *"For most of our services it's always a barrier because… we're spread out,…geographic challenges all over, all over the place here."*

> *"...but it's just that, when they're running a specialized group like that most likely they're going to hold it in Barrie. They're not going to hold it in Midland, especially, Midland is really under-serviced actually. Midland and Penetang…"*

2. There was a general consensus that financial barriers prevent many blue collar smokers from accessing existing cessation services.

> *"There's not enough resources for them, like in order for them to apply for the patch if they don't have… even if they do have coverage the patch isn't covered and if they want the medication to help them quit smoking they have to be diagnosed as having depression; that's the only way they can get these medications… then they're getting stigmatized by a diagnosis of depression in order to get medication to quit smoking."*

3. Workplace managers expressed concern about a lack of connection between the local PHU and their organizations. Most acknowledged that the public health unit does offer various cessation services; however, they felt these services are not being adequately advertised to the working class.

> *"I've never seen anything… from the Health Unit that talks about non-smoking."*

> *"I think a bit a more information, I think more public information on, on stop smoking, on treatments that are available and treatments that are, that work…"*

More Information About Our Study

We are happy to report that we have finished collecting all the data for this study. Apart from the environmental scan (findings reported in newsletter issue 1), the key informant interviews (findings reported in newsletter issue 2), and the survey with blue collar workers (findings reported in this newsletter, issue 3), we collected 99 surveys with young adults and the Survey Research Center at the University of Waterloo, which we sub-contracted in the summer, has conducted a telephone survey with 800 smokers from the Simcoe Muskoka region. We will be reporting the findings in future newsletters, so stay tuned!

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