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Baseline Survey of Parents on Second-Hand Smoke in the Car and at Home

March 2004

A Report to Health Canada

POR-03-102
H1011-03-0163

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EXECUTIVE SUMMARY

- ◆ Health Canada commissioned EKOS to conduct research among smokers on issues related to second-hand smoke (SHS) in the car and home. Researchers from Phoenix SPI had primary responsibility for the design and analysis of the survey; EKOS was responsible for data collection, and contributed to research design and analysis. In total, 803 smoker parents were interviewed by telephone March 15-31, 2004. Based on a sample of this size, the findings can be considered to be accurate to within +/- 3.5%, 19 times out of 20.

General Smoking Behaviour

- ◆ Almost everyone said they smoke cigarettes (95%), while few smoke cigars (8%) or pipes (2%) (multiple responses accepted). In addition, most are regular smokers – 84% said they smoke every day, while 11% smoke occasionally. Slightly more than one-third (35%) of regular smokers smoke a pack a day or more. At the other end of the spectrum, almost the same number (33%) smoke 10 cigarettes or less.
- ◆ Occasional smokers are more likely to be ‘light’ smokers, with nearly two-thirds (65%) saying they smoke five cigarettes a day or less when they do smoke. Asked to identify the number of days on which they smoked during the past month (30 days), over half (58%) said they smoked on half those days or less.
- ◆ Most respondents have been smoking for many years. Just under three-quarters (72%) have been smoking for over 10 years, with nearly one-third (30%) saying they have been smoking for over 20 years. About one in ten (9%) are ‘new’ smokers (5 years or less). Despite the fact that most are regular smokers and have been smoking for many years, a majority (61%) are seriously considering quitting smoking within the next six months.
- ◆ While a majority of respondents (54%) are the only smokers in their household, many are not. More than one-third (35%) said that their spouse or partner also smoke, while 12% live with other adults and 5% with children who smoke. In conclusion, most surveyed parents smoke regularly, smoke quite a lot, have been smoking for a long time, and many do not smoke alone in their homes.

Smoking Behaviour in Car & Home

- ◆ The results suggest that the home and car have no special status when it comes to smoking. In terms of the proportion of surveyed smokers who smoke *in* their own home, 46% always or frequently do this, while slightly more than one-third (35%) never do it. The situation is similar for those who smoke in their car: 44% always/frequently do this, while 27% never do. Smoking patterns in two other locations (work and restaurants/bars) are similar to those for the home and car. Clearly, the smoking routines of parents do not vary much by location, the only exceptions being other people’s homes (where smoking is curtailed – 19% always/frequently smoke there) and *outside* their own home (where it is more common – 73% always/frequently).
- ◆ Many smokers said they impose restrictions on smoking in their home and car. A significant minority (44%) of those who smoke in their car restrict smoking in some way. In terms of the types of restrictions these people have, the vast majority identified

restrictions related to the *type* of passenger present. Over three-quarters volunteered that they do not smoke in the presence of children, while 31% said there is no smoking in the presence of any non-smokers, and 15% in the presence of their partner/spouse. With respect to smoking behaviour in their vehicles, three-quarters said they *always* smoke with their windows open, while 54% said they *never* smoke with children under 18 in the car (32% sometimes do this; 14% do this frequently/always). Reasons offered most often by those who said they *never* smoke in their car were not wanting the car to smell (49%) and the presence of children in the car (43%). Other reasons were identified much less often.

- ◆ When the focus is on the home, three-quarters said that there are parts of their home where smoking is not permitted. When asked where, nearly half (49%) of these respondents said that smoking is only allowed *outside* of the home. Those who identified specific rooms or locations in the house where smoking is not permitted pointed most often to bedrooms (38%), followed at a distance by the kitchen/eating area (10%), main floor (9%), the garage (8%) and basement (8%).
- ◆ All surveyed smokers who have restrictions on smoking in their home were asked to explain why the restrictions are in place. People most often identified reasons related to children. Leading the way was the desire to not expose children to SHS (43%), followed by a child's health condition (17%), children in general (12%), and a desire to not expose the child to poor role modeling (11%). In addition to the clear focus on children, many focused on second-hand smoke, either in relation to children (43%, as noted above) or in more general terms, viewing SHS as harmful (12%). Beyond these issues, the reason identified most often was to prevent the house from smelling (31%).
- ◆ When the focus was directly on exposure to SHS by their children in their homes, the largest, and virtually identical, proportions were at polar extremes from one another. One-third think their children are exposed to SHS every day or almost every day, while another third believe that their children are never exposed to SHS in the home. The rest were almost equally divided between those who think their children are exposed once to a few times a week (18%) and those who think they are exposed about 1-3 times a month or less than once a month (17%). There was more consistency in terms of exposure of children to SHS in the car. Somewhat less than three-quarters (71%) said this never happens. Most of the rest think it happens once a week to a few times a week (16%).
- ◆ When various measures are combined, the number of surveyed parents that said their children are *never* exposed to SHS in the car and the home is 30%. That means that 70% of parents acknowledged that, at least to some degree, their children are exposed to SHS in the home and/or car. Focusing on the home specifically, the proportion of smoking parents who said they *never* allow smoking *inside* the home was approximately one-third.
- ◆ Asked to what extent all the members of their household agree on whether or not smoking should be restricted in their home, 80% indicated that there was agreement on this, with fully 62% saying there is complete agreement. Conversely, 15% said that there was little-to-no agreement on this issue. While a majority (57%) said they have discussed the issue of SHS with their children, a significant number (42%) have not.
- ◆ Shifting the focus from their own behaviour to that of their child/children, approximately half said that their children have asked a member of the household to stop smoking and/or

have said something about being bothered by second-hand smoke. Significantly fewer (23%) have asked a visitor to stop smoking.

- ◆ Asked to identify things they have done to reduce the amount of SHS in their home or its impact on others, the only method used by a majority was opening a window (65%). Following this were using a fan (44%), using a spray or air freshener (36%), smoking behind closed doors (33%), and using an air purifier (28%). When asked to rate the effectiveness of these same methods, only two are judged to be at least moderately effective by a majority – 70% said this of opening a window, while 60% said the same about using an air purifier unit. All other methods were seen to have little-to-no effectiveness by a majority of smokers (56-80%).

Health Effects of Smoking & Second Hand Smoke

- ◆ Fully 93% of surveyed smokers regard smoking as a serious health problem in Canada today, with two-thirds considering it to be a *very* serious problem. Almost as many (87%) regard exposure to SHS as a serious health problem (over half consider it to be *very* serious problem). Looked at another way, an almost equal number (86%) think that exposure to SHS is at least moderately hazardous to health (49% think it is a *significant* hazard). When the focus shifts to the health of respondents themselves, perceptions hardly change at all. In total, 86% said it is at least somewhat likely that smoking will lead to health problems for them (40% said it is *very* likely).

Knowledge & Perceptions of Second-Hand Smoke

- ◆ The vast majority of surveyed smokers consider themselves to be moderately (47%) or very (41%) knowledgeable about the health effects of SHS. When asked to identify the ways that SHS can affect people's health, respondents pointed most often to lung cancer (47%) and asthma (35%), followed at a distance by a series of health conditions cited with similar frequency, including reduced lung function (16%), heart disease (15%), general breathing problems (13%), emphysema (12%), bronchitis (10%), and allergies (9%). This was an open-ended question.
- ◆ Asked about the extent to which SHS contributes to certain specific health problems (in a closed-ended question), almost equal numbers believe it contributes to lung cancer (92%), asthma (89%) and respiratory infections (89%). Strong and almost equal numbers also think it contributes to heart disease (86%) and sore throats (84%). Respondents were divided about the impact of SHS on the remaining two conditions – Sudden Infant Death Syndrome (42%) and middle ear infections (41%).
- ◆ Respondents were asked to express their level of agreement with a number of statements on SHS and related issues. Among the statements that elicited the highest levels of agreement were those related to children. Almost everyone (94%) agreed that it's okay for children to ask someone not to smoke around them, and that it is important for parents to provide a completely smoke-free environment for their children (91%). Almost as many (84%) agreed that SHS affects the health of a child more than the health of an adult. There was also widespread agreement on issues related to the rights of non-smokers. Fully 88% agreed that people who smoke should always be willing to put out their cigarettes if someone near them is bothered, and 85% agreed that people who don't smoke should have the right to a smoke-free environment in any public place. Conversely, 91% think that

people who smoke should have the right to do so in their own home or car, and 77% that people who smoke should have the right to do so in any public place where it is allowed. Nearly two-thirds (63%) disagreed that SHS is not as harmful as some people say, while approximately half (53%) felt that there are too many restrictions on smokers, and that smoking is socially acceptable (50%).

- ◆ There are significant differences in behaviour, and to a lesser degree in attitudes, among smoking parents based on demographic and smoking-related characteristics. Parents of children who are at greater risk include heavy smokers, longer-term smokers, regular (every day) smokers, parents who are not the only smoker in the home, less-educated Canadians, lower-income Canadians, Francophones/Quebecers, parents of older children, and parents with full-time custody.

SOMMAIRE

- ◆ Santé Canada a confié à EKOS la réalisation d'une étude auprès des fumeurs sur des questions relatives à la fumée secondaire dans la voiture et à la maison. Les professionnels de la firme de recherche Phoenix SPI étaient les principaux responsables de l'élaboration du questionnaire et de l'analyse des données; EKOS était responsable de la cueillette des données et a contribué à l'élaboration du questionnaire ainsi qu'à l'analyse. Au total, on a interrogé 803 parents fumeurs, par téléphone, du 15 au 31 mars 2004. Un échantillon de cette taille comporte une marge d'erreur de +/- 3,5 %, 19 fois sur 20.

Comportement du fumeur dans l'ensemble

- ◆ Presque tous les répondants affirment fumer la cigarette (95 %), alors que quelques-uns disent fumer le cigare (8 %) ou la pipe (2 %) (réponses multiples acceptées). En outre, la plupart sont des fumeurs réguliers – 84 % disent fumer tous les jours, alors que 11 % disent le faire à l'occasion. Un peu plus du tiers (35 %) des fumeurs réguliers fument un paquet de cigarettes ou plus par jour. À l'autre extrême, à peu près le même nombre (33 %) fument 10 cigarettes ou moins.
- ◆ Les fumeurs occasionnels sont plus susceptibles d'être de « petits fumeurs » : près des deux-tiers (65 %) affirment fumer cinq cigarettes ou moins par jour, quand ils fument. Nous leur avons demandé d'évaluer le nombre de jours pendant lesquels ils ont fumé le mois dernier (30 jours); plus de la moitié (58 %) estiment avoir fumé pendant la moitié de cette période, ou moins.
- ◆ La plupart des répondants fument depuis plusieurs années. Un peu moins des trois-quarts (72 %) le font depuis plus de 10 ans, dont presque le tiers (30 %) fument depuis plus de 20 ans. Environ un répondant sur dix (9 %) est un « nouveau fumeur » (5 ans ou moins). Malgré le fait que la plupart soient des fumeurs réguliers de longue date, une majorité d'entre eux (61 %) considèrent sérieusement arrêter au cours des prochains six mois.
- ◆ Alors qu'une majorité de répondants (54 %) sont les seuls fumeurs à la maison, plusieurs ne le sont pas. Plus du tiers (35 %) disent que leur conjoint ou partenaire fume aussi, alors que 12 % habitent avec d'autres adultes – et 5 % avec des enfants – qui fument. En conclusion, la plupart des parents interrogés fument régulièrement, le font beaucoup et depuis longtemps, et plusieurs ne sont pas les seuls fumeurs à la maison.

Comportement du fumeur dans la voiture et à la maison

- ◆ Les résultats suggèrent que la maison et la voiture ne font pas l'objet d'un traitement spécial par les fumeurs. En ce qui a trait aux fumeurs interrogés qui fument *dans* leur propre maison, 46 % le font toujours ou souvent, alors qu'un peu plus du tiers (35 %) ne le font jamais. Il en va de manière semblable pour l'usage du tabac dans la voiture : 44 % fument toujours ou souvent dans leur voiture, alors que 27 % ne le font jamais. Ces tendances se répètent dans deux autres situations (au travail et au restaurant/bar). De toute évidence, les habitudes des parents fumeurs ne varient pas beaucoup selon le lieu, sauf lorsqu'ils se trouvent dans la maison d'autrui (où on évite de fumer – 19 % y fument toujours ou souvent) et à l'*extérieur* de leur propre maison (où il est plus courant de le faire – 73 % y fument toujours ou souvent).
- ◆ Plusieurs fumeurs affirment imposer des restrictions sur l'usage du tabac à la maison et dans la voiture. Une minorité importante (44 %) de ceux qui fument dans leur voiture s'imposent une restriction quelconque. Notamment, la grande majorité des répondants imposent des restrictions liées au *type* de passagers présents. Plus des trois-quarts affirment ne pas fumer en présence d'enfants, alors que 31 % disent ne pas fumer en présence d'un non-fumeur et enfin, 15 % ne le font pas en présence de leur partenaire ou conjoint. En ce qui concerne l'usage du tabac dans leur voiture, les trois-quarts des répondants disent *toujours* ouvrir la fenêtre pour fumer, alors que 54 % disent ne *jamais* fumer quand des enfants de moins de 18 ans sont présents dans la voiture (32 % le font parfois; 14 % le font souvent ou toujours). Les raisons pour lesquelles on ne fume jamais dans la voiture sont principalement pour éviter d'imprégner l'intérieur de l'odeur de fumée (49 %) et parce que des enfants sont présents dans la voiture (43 %). Les autres raisons ont été mentionnées beaucoup moins souvent.
- ◆ Pour ce qui est de la maison, trois-quarts des répondants disent qu'il est interdit de fumer dans certaines parties de la maison. Nous leur avons demandé de préciser et près de la moitié (49 %) ont répondu qu'il n'était permis de fumer qu'à l'*extérieur*. Les répondants chez qui il est interdit de fumer dans certaines pièces ou parties de la maison font surtout référence aux chambres (38 %) et certains, à la cuisine ou la salle à manger (10 %), au rez-de-chaussée (9 %), au garage (8 %) et au sous-sol (8 %).
- ◆ Nous avons demandé aux répondants, pour qui l'usage du tabac fait l'objet de restrictions à la maison, d'expliquer pourquoi. Les raisons les plus souvent évoquées sont liées aux enfants. La principale raison : on veut éviter d'exposer les enfants à la fumée secondaire (43 %); viennent ensuite l'état de santé de l'enfant (17 %), d'autres raisons relatives aux enfants (12 %), et le désir de ne pas donner le mauvais exemple à l'enfant (11 %). En plus de mettre l'accent sur la présence d'enfants, plusieurs font référence à la fumée secondaire, soit en lien avec les enfants (43 %, tel qu'indiqué ci-dessus), soit de façon plus générale en soulignant son aspect nocif (12 %). La dernière des raisons les plus souvent évoquées est d'éviter les odeurs (31 %).
- ◆ En ce qui a trait à l'exposition des enfants à la fumée secondaire à la maison, les plus grands pourcentages, qui sont d'ailleurs presque identiques, touchent des situations diamétralement opposées. Un tiers des répondants estiment que leurs enfants sont exposés à la fumée secondaire tous les jours ou presque, alors qu'un autre tiers affirment que leurs enfants ne sont jamais exposés à la fumée secondaire à la maison. Les autres répondants, dans des

proportions presque égales, disent que leurs enfants y sont exposés d'une à quelques fois par semaine (18 %) ou qu'ils y sont exposés d'une à trois fois par mois ou moins d'une fois par mois (17 %). On constate toutefois une plus grande uniformité en ce qui concerne l'exposition des enfants à la fumée secondaire dans la voiture : un peu moins des trois-quarts (71 %) indiquent que ceci ne se produit jamais. La plupart des autres répondants estiment que cette situation se produit une fois ou quelques fois par semaine (16 %).

- ◆ Quand on combine certaines données, on constate que le pourcentage des parents qui affirment que leurs enfants ne sont *jamais* exposés à la fumée secondaire dans la voiture ni à la maison est de 30 %. Par conséquent, 70 % des parents reconnaissent que leurs enfants sont, à tout le moins, exposés occasionnellement à la fumée secondaire à la maison ou dans la voiture, ou les deux. Environ le tiers des parents disent ne jamais permettre qu'on fume à l'*intérieur* de la maison.
- ◆ Nous avons demandé aux répondants jusqu'à quel point tous les membres du ménage sont d'accord ou non avec le fait de restreindre l'usage du tabac à la maison : 80 % ont répondu que tous s'entendaient à ce chapitre, dont 62 % affirmant qu'ils s'entendaient tout à fait. Par contre, 15 % disent qu'ils s'entendent peu ou pas du tout sur la question. Bien qu'une majorité (57 %) de répondants affirment avoir discuté de la fumée secondaire avec leurs enfants, un nombre significatif (42 %) ne l'ont pas fait.
- ◆ Détournons notre attention du comportement des répondants, un instant, et tournons-la vers celui des enfants. Environ la moitié des répondants disent que leurs enfants ont demandé à un des membres du ménage de cesser de fumer ou ont dit que la fumée secondaire les incommodait, ou les deux. Un nombre beaucoup moins élevé (23 %) ont demandé à un visiteur de cesser de fumer.
- ◆ Nous avons demandé aux répondants de décrire les mesures qu'ils prennent pour réduire la quantité de fumée secondaire dans la maison ou ses effets sur les autres. Le seul moyen pris par une majorité de répondants est l'ouverture d'une fenêtre (65 %). D'autres utilisent un ventilateur (44 %), utilisent ou vaporisent un désodorisant (36 %), ferment la porte de la pièce où ils fument (33 %), ou utilisent un purificateur d'air (28 %). Nous leur avons ensuite demandé d'évaluer l'efficacité de ces mêmes moyens. Seuls deux d'entre eux sont considérés comme étant au moins assez efficaces par une majorité de répondants : 70 % ont accordé ce degré d'efficacité au fait d'ouvrir une fenêtre, alors que 60 % ont accordé ce même degré d'efficacité à l'utilisation d'un purificateur d'air. Tous les autres moyens sont considérés comme peu ou pas efficaces par une majorité de répondants (de 56 % à 80 %).

Conséquences sur la santé du fumeur et des personnes exposées à la fumée secondaire

- ◆ Au total, 93 % des fumeurs interrogés considèrent le tabagisme comme un sérieux problème de santé au Canada aujourd'hui; les deux-tiers d'entre eux estiment qu'il s'agit même d'un *très* sérieux problème. Presque autant de répondants (87 %) considèrent l'exposition à la fumée secondaire comme un sérieux problème de santé (plus de la moitié estiment qu'il s'agit d'un très sérieux problème). Vu sous un autre angle, un nombre presque égal de répondants (86 %) jugent que l'exposition à la fumée secondaire constitue au moins un danger moyen pour la santé (49 % estiment qu'elle présente un *grave* danger). Interrogés sur leur propre santé, les résultats sont sensiblement les mêmes. Au

total, 86 % des répondants disent qu'il est au moins assez probable que le tabagisme leur causera des problèmes de santé (40 % estiment que ceci est *très* probable).

Connaissances et perceptions à l'égard de la fumée secondaire

- ◆ La grande majorité des fumeurs interrogés se disent assez renseignés (47 %) ou très renseignés (41 %) sur les effets de la fumée secondaire sur la santé. Nous leur avons demandé comment la fumée secondaire pouvait affecter la santé. Les répondants ont mentionné le plus souvent le cancer du poumon (47 %) et l'asthme (35 %). D'autres conséquences suivent de loin mais ont toutes été mentionnées à une fréquence semblable : une diminution de la fonction pulmonaire (16 %), les maladies cardiaques (15 %), les problèmes respiratoires généraux (13 %), l'emphysème (12 %), la bronchite (10 %) et les allergies (9 %). Il s'agissait d'une question ouverte.
- ◆ Nous avons demandé aux répondants jusqu'à quel point la fumée secondaire contribue à certains problèmes de santé en particulier (question fermée). Un nombre presque égal de répondants estiment qu'elle contribue au cancer du poumon (92 %), à l'asthme (89 %) et aux infections respiratoires (89 %). Des proportions importantes et presque égales de répondants jugent que la fumée secondaire contribue aux maladies cardiaques (86 %) et aux maux de gorge (84 %). Pour ce qui est du syndrome de mort subite du nourrisson et des infections de l'oreille moyenne, les avis sont partagés (respectivement 42 % et 41 %).
- ◆ Nous avons demandé aux répondants d'indiquer dans quelle mesure ils étaient en accord ou en désaccord avec un certain nombre d'énoncés sur la fumée secondaire et autres questions connexes. Les énoncés portant sur les enfants font partie de ceux qui ont obtenu le plus grand appui. Presque tous les répondants (94 %) pensent que les enfants font bien de demander à quelqu'un de ne pas fumer en leur présence, et qu'il est important pour les parents d'offrir à leurs enfants un environnement sans fumée (91 %). Presque autant de répondants (84 %) estiment que la fumée secondaire nuit davantage à la santé d'un enfant qu'à celle d'un adulte. Les énoncés relatifs aux droits des non-fumeurs font aussi l'objet d'un appui général. En fait, 88 % des répondants pensent que les fumeurs devraient toujours être prêts à éteindre leur cigarette si quelqu'un autour d'eux est incommodé par la fumée, et 85 % estiment que les non-fumeurs devraient avoir droit à un environnement sans fumée dans tous les lieux publics. Par ailleurs, 91 % jugent que les fumeurs devraient avoir le droit de fumer dans leur maison ou leur voiture, et 77 % pensent que les fumeurs devraient avoir le droit de fumer dans tous les lieux publics où l'usage du tabac est permis. Près des deux-tiers (63 %) sont en désaccord avec l'énoncé selon lequel la fumée secondaire n'est pas aussi nocive que certains le disent, alors qu'environ la moitié (53 %) jugent que trop de restrictions sont imposées aux fumeurs, et que fumer est socialement acceptable (50 %).
- ◆ Le comportement des parents fumeurs – et à un degré moindre, leur attitude – diffèrent de manière significative en fonction des caractéristiques démographiques et de leur profil de fumeur. Les enfants les plus à risque sont ceux dont les parents fument beaucoup, fument depuis longtemps, fument régulièrement (tous les jours), ne sont pas les seuls fumeurs à la maison, font partie des Canadiens moins instruits, gagnent un faible revenu, sont francophones ou québécois, ont des enfants plus âgés, et ont la garde à plein temps.

INTRODUCTION

EKOS was commissioned by Health Canada to conduct research among smokers on issues related to second-hand smoke (SHS) in the car and home. Researchers from Phoenix Strategic Perspectives Inc. had primary responsibility for the design and analysis of the survey. EKOS was responsible for data collection, and contributed to research design and analysis.

Background & Objectives

In 2001, the Federal Tobacco Control Strategy (FTCS) identified a number of strategic directions for the next decade, with one of the key directions being to reduce the number of people exposed to second-hand smoke. It is estimated that exposure to second-hand smoke causes approximately 1,000 deaths per year in Canada. According to CTUMS, in 2001, over 1.6 million youth under the age of 17 were regularly exposed to second-hand smoke. The 2000-2001 Canadian Community Health Survey indicated that close to 2 million non-smokers have been exposed to second-hand smoke in various places such as cars and other vehicles. Second-hand smoke contains over 4,000 chemical compounds, 50 of which are associated with, or known to cause, cancer. Second-hand smoke has been linked to SIDS and many other pediatric health problems, including asthma.

Health Canada is currently broadening its long-term social marketing strategy for tobacco control. Second-hand smoke will continue to be a major focus of the long-term strategy and the focus of the SHS social marketing campaigns will be on reducing exposure in the home, car and workplace. There is considerable research available on second-hand smoke in the workplace, but a need for additional research on exposure to second-hand smoke in cars and in the home.

The purpose of this research was therefore to acquire baseline data on current attitudes and behaviour of smokers regarding SHS in homes and cars, and to determine the percentage of children exposed to such smoke in the home/car. More specifically, the research was designed to:

- Determine where current smokers are smoking.
- Determine the number of smokers who smoke in their home.
- Determine the number of smokers who smoke in their car.
- Identify the types of restrictions in place that limit smoking in car/home.
- Determine if smokers are aware of the dangers/diseases associated with SHS.
- Gather information on the demographic characteristics of respondents.

The research findings will be used to develop a SHS car/home media campaign focused on reducing exposure of children to second-hand smoke in cars/homes.

Research Activities

In order to address the research objectives, a telephone survey was conducted with adult smokers who are parents and have one or more children under 18 years of age living in the home. A total of 803 smoker parents were interviewed. Based on a sample of this size, the findings can be considered to be accurate within $\pm 3.5\%$, 19 times out of 20. Interviewing took place March 15-31, 2004. The incidence rate for this study was 7.75% [i.e. percentage of households in Canada that have one or more parents that smoke and child(ren) under 18 living in the home].

The following specifications applied to this study:

- The target audience was adult smokers who are parents, aged 20-60, with children under the age of 18 living in the home with them (either full-time or part-time).
- A pre-test was conducted in both official languages. In total, 42 interviews were conducted as part of the pre-test.
- Telephone calls were made primarily (but not exclusively) during the evenings and weekends.
- The distribution of interviews was proportionate to the population across Canada (see below).
- The interviews averaged 19 minutes in length.
- Sponsorship of study was revealed (i.e. Government of Canada).

For editorial purposes, the terms 'smokers' and 'respondents' are used interchangeably in the report. As well, the acronym 'SHS' is used at times to denote 'second-hand smoke'.

Appended to this report are copies of the English and French questionnaires (the English questionnaire includes the findings), and a short note on additional methodological considerations.

CONCLUSIONS AND IMPLICATIONS

This baseline survey yields the following profile of smoking parents. The vast majority are regular smokers (i.e. smoke every day). Moreover, most regular smokers are also relatively heavy smokers, with one-third smoking at least a pack a day, and almost two-thirds smoking over 10 cigarettes a day. Nearly three-quarters are long-term smokers, having smoked for over 10 years (almost a third have been smoking for more than 20), and almost half are not the only smoker in the household. While close to two-thirds said they are *seriously* considering quitting smoking within the next six months, this should be viewed with a certain amount of scepticism in light of the long-term and habitual nature of most parents' smoking. In short, most surveyed parents smoke regularly, smoke quite a lot, have been smoking for a long time, and many do not smoke alone in their homes.

Significantly, the research indicates that these types of characteristics do matter, and that such factors increase the risk of children being exposed to second-hand smoke. Subgroup analysis reveals that regular smokers, heavier smokers, longer-term smokers, and those who are not the only smoker in the home are more likely to smoke frequently in their car and home, less likely to impose restrictions on smoking in these places (including when children are present), and more likely to say their children are frequently exposed to SHS. These characteristics all heighten the risk of exposure of children to SHS.

The results also suggest that the home has no special status when it comes to smoking. Smoking parents tend to smoke to the same extent at work, in their car, at restaurants and bars (where allowed), and in their home. It is somewhat surprising the degree to which smoking patterns appear to be similar across these locales. Clearly, the smoking routines of parents do not vary much by location, the only exceptions being other people's homes (where smoking is curtailed), and outside their own home (where it is more common). As public pressure and campaigns against smoking and SHS continue or mount, the home could potentially become more of a refuge for smoking. Although divided over whether there are too many restrictions on smokers and whether smoking is socially acceptable, the vast majority believe that smokers should have the right to smoke in their own home or car, and two-thirds strongly agree with this.

The foregoing notwithstanding, many smokers said they impose restrictions on smoking in their home and car, and the numbers increase as smokers are probed more specifically. However, in light of the nature of the issues being explored, the extent of the restrictions imposed may be overstated. Before proceeding further, it is important to put forward a general caveat for interpreting the data collected through this baseline survey. This research delved into a potentially sensitive area – the extent to which the health of individuals, especially children, is being affected by the smoking habits of respondents. Such a focus increases the possibility, if not the likelihood, of respondents providing more socially-acceptable or politically-correct responses, particularly regarding the extent to which they restrict or regulate their smoking in the presence of children. The potential for overestimating smoking restrictions could be expected to increase once children-related issues emerged explicitly in the survey (with this in mind, the survey explored key issues

in an open-ended, non-explicit fashion before identifying for respondents our interest in the impact of their smoking behaviour on their children).

In terms of limits on smoking, when asked about restrictions on smoking in their car, just over half (53%) of the parents who do smoke in their car said they do not have restrictions (44% said they do). However, when asked more specifically about how often they smoke with children under 18 in their car, over half (54%) said *never*. So, while only 44% said they have restrictions on smoking in their car, 54% later said they never smoke with children in the car, which would seem to be a 'de facto' restriction. Part of the explanation could be that smokers do not think of this as a 'restriction' per se. In other words, they choose not to smoke with children in the car but this does not come to them top-of-mind as a restriction or limitation. Another possibility, however, is that the explicit introduction of the topic of children prompted some smokers to overstate the extent to which they regulate smoking in the presence of children.

As with smoking in the car, the number who said they have restrictions on smoking in the home increased when smokers were probed more directly. The most obvious example is when parents were asked about restrictions on smoking in their home in a general way – two-thirds said they do have them. This jumps to three-quarters when, in the very next question, parents were asked whether there are any parts of their home where smoking is not allowed.

While most smokers said they *always* restrict smoking when children are around or restrict smoking in the home so as not to expose their children to SHS, relatively few appear to actually *prohibit* smoking when children are around. In other words, while smoking may be restricted, this does not mean that children are not exposed to SHS. By way of example, almost one-third of those who said that the effect of SHS on their children was a very important factor in their decision to restrict smoking in the home acknowledged that their children are exposed to SHS at least a few times a week (less than half said their children are never exposed to SHS in the home). Similarly, one in five of those who rate the effect of SHS on their children as very important in their thinking said they never or only sometimes limit their smoking when the children are around. Clearly, many of those who do think of their children in terms of restricting smoking nevertheless create situations where their children are at risk.

Interestingly, surveyed parents tend to think of restrictions in their home in spatial rather than temporal terms – three-quarters said there are parts of their house (or all of it) where smoking is not allowed, while less than half said there are situations or times of the day when smoking is not permitted (e.g. when kids are around). However, while restrictions are more likely to be physical (i.e. rooms of the house) than temporal, this does not mean that children are automatically less protected. The impact of both could be to reduce risk to and exposure of children (e.g. smoking parents only smoking in the basement or garage, where children are not). In short, either approach has the potential at least to reduce children's exposure to SHS. It is noteworthy that only one-quarter allow smoking anywhere in their home – all others impose some form of restriction on themselves and others.

This tendency to think of restrictions spatially rather than temporally may contribute to overestimating restrictions on smoking by neglecting an important temporal factor – the climate. Specifically, in light of Canada's winter climate, it is doubtful that all of those who say they 'always' restrict smoking to the outdoors actually do so on a year-round basis. What the reality is is hard to determine. Qualitative research might be useful to increase the department's understanding of how the various restrictions overlap, relate to one another, and actually get implemented in households, as well as the extent to which such restrictions actually create smoke-free environments for children.

Despite the restrictions said to be in place, nearly two-thirds of smoking parents said their children are exposed to SHS in the home to some extent, with almost half exposed to it at least a few times a week. This represents a significant proportion of children that are at risk and, if anything, understates the degree of exposure (at this point in the survey, the topic of children had already been explicitly introduced). While exposure to SHS in the car is said to be much lower, such exposure is in a confined space where, even if the time is shorter and the incidence less often, the impact on health may be proportionally greater.

The clear conclusion to be drawn from this data is that a significant percentage of the children of smoking parents are exposed to second-hand smoke on a relatively frequent basis, either in the home, the car or both. Not surprising, the overlap between exposure in these locations is relatively high. In absolute terms, the number of surveyed parents that said their children are *never* exposed to SHS in the car and the home is 241 of 803, or 30%. That means that 70% of parents acknowledged that, at least to some degree, their children are exposed to SHS in the home and/or car. Focusing on the home specifically, the proportion of smoking parents who said they *never* allow smoking inside their home (i.e. only permit it outside) was approximately one-third (this was explored in a few ways in the survey and 32-26% consistently indicated that no smoking took place inside the home).

Lack of awareness and knowledge do not seem to be the principal contributing factors. For instance, there is a virtual consensus among smoking parents that cigarette smoking and second-hand smoke represent serious health problems in Canada, and that exposure to SHS is a health hazard (and majorities think these things are *very* serious). Moreover, almost everyone considers themselves to be at least moderately knowledgeable about the health effects of SHS. This suggests that there is only a limited need to 'convince' people that SHS is a health hazard.

A more important factor seems to be the apparent disconnect between actions/behaviour and values/attitudes. Throughout the survey, smoking parents espoused values, attitudes and beliefs that are supportive of eliminating or reducing risk of exposure to SHS. For instance, the vast majority of surveyed parents (85% or more) agreed that:

- It is important for parents to provide a completely smoke-free environment for their children.
- It is okay for children to ask someone not to smoke around them.
- Smokers should be willing to put out their cigarettes if someone is bothered.
- SHS affects the health of a child more than an adult.
- Non-smokers should have a right to a smoke-free environment.

Yet despite attitudinal mindsets that are largely conducive to restricting SHS, and general awareness of the health risks of SHS, the clear majority of children of smoking parents are nevertheless exposed to SHS in their homes/cars. To briefly revisit one example cited above to illustrate this disconnect, 83% of surveyed parents attributed the highest level of importance to the effects of SHS on their children as a reason for restricting smoking in the home; however, one-third of these same parents said they thought their children were exposed to SHS in their home at least a few times a week. There is other evidence of this same disconnect between values, attitudes and beliefs on the one hand, and smoking behaviour on the other. It would appear that communications and education efforts need to focus squarely on behavioural issues.

Related observations:

- The fact that most smoking parents (almost 90%) view themselves as knowledgeable about the health effects of SHS represents a potential barrier. The more that people think they know something, the less open they may be to learn more about it. This suggests the need for communications/education in this area to focus not on general issues about SHS health risks, but on specific ways in which SHS negatively impacts on health, and particularly on the health of children. Recall that aside from lung cancer and asthma, no other negative health impacts were identified by large numbers (when respondents were asked about this in an open-ended manner).
- Despite the fact that most children of smoking parents are exposed to SHS in their homes, there appears to be agreement among household members in most homes (80%) regarding the current restrictions. This, too, represents a potential barrier. With few opposed to the existing 'rules', the situation is less likely to change without significant prompting (i.e. if there was less consensus on the level of current restrictions, increasing preventative measures might be easier).
- The issue of second-hand smoke has been raised in discussions between parents and their child(ren) in most households. Moreover, children in half of the homes have asked household members to stop smoking and have said they were bothered by SHS. So, this issue does have some visibility in many households with smoking parents. Accordingly, there may be value in addressing children directly in some way since the issue has already been introduced in many families (recall that the vast majority of parents believe it is acceptable for children to pronounce themselves on such issues, with 80% strongly agreeing that it is okay for children to ask someone not to smoke around them). It is important to note, however, that the group most vulnerable to SHS – children under the age of six – is largely not included in households where this issue has been raised with children (given their young age, they cannot be expected to articulate opinions for their own protection relative to SHS).
- Most of the households represented in this research (75%) have restrictions in terms of *where* smoking is allowed in the home. This may be something that social marketing efforts can build on since it is likely easier to extend current behaviour than to inculcate new behaviour. Also, since fewer surveyed parents related to restrictions in the home in general terms, compared to when the focus was on

specific places/times, it would appear that it may be more effective for communications to deal with the issue of smoking restrictions in specific terms.

- Beyond smoking restrictions, many smoking parents are taking action to reduce the amount of SHS in their home and its impact on others, particularly by opening windows, but also by using fans, air fresheners, and air purifiers, and by smoking behind closed doors. However, they are doing these things despite the fact that relatively few think they are very effective. This suggests that smokers are doing these things because they don't know what else to do. One communications approach is to build on the fairly widespread belief that these types of actions are not effective, and educate people as to the types of actions that they can take that would be effective.
- There are significant differences in behaviour, and to a lesser degree in attitudes, among smoking parents based on demographic and smoking-related characteristics. This suggests that communications should be targeted, to the extent possible, to focus on parents of children who are at greater risk. This includes heavy smokers, longer-term smokers, regular (every day) smokers, parents who are not the only smoker in the home, less-educated Canadians, lower-income Canadians, Francophones/Quebecers, parents of older children, and parents with full-time custody.

In conclusion, as smokers become less able to smoke in public places, they may become more likely to smoke in private places, or at least to 'demand the right' to be able to smoke in such places. In the absence of the ability to eliminate smoking entirely, there is a need to educate smokers, and smoking parents in particular, to enable them to make informed choices about their smoking behaviour in the car and at home (e.g. smoke only outside) based on greater understanding of the health risks that SHS represents to their children.

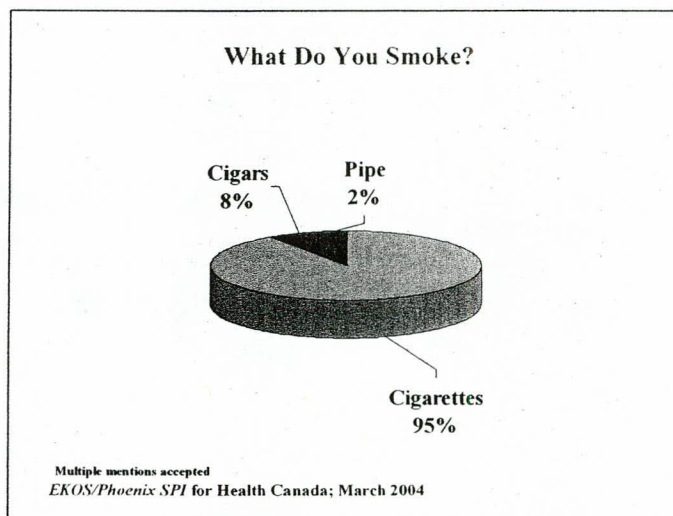
SMOKING BEHAVIOUR

This section explores respondents' smoking behaviours, including what they smoke and how often, how long they have smoked, whether they are seriously considering quitting, and whether anyone else in their household smokes.

Almost Everyone Smokes Cigarettes, Few Smoke Cigars, Pipe

Virtually everyone (95%) said they smoke cigarettes (manufactured or roll-your-own). Very few smoke cigars (8%) or pipes (2%) (multiple responses accepted).

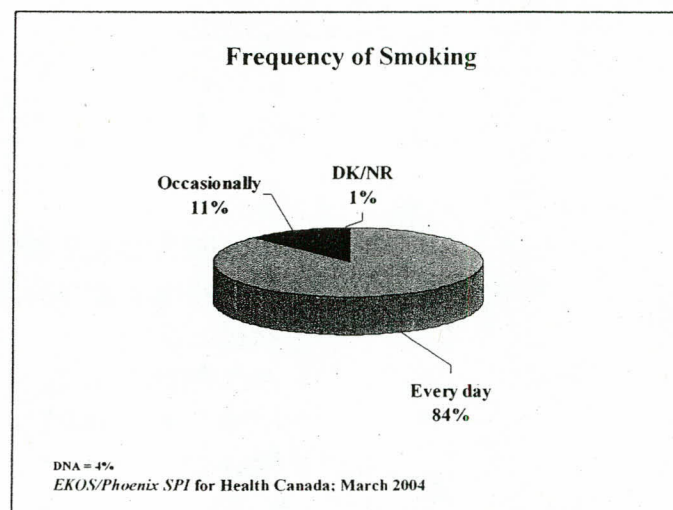
Henceforth, the terms 'cigarette' and 'smoking' will be used in a generic way to include both cigars and pipes whenever there is reference to tobacco products smoked.



Most Smoke on Daily Basis

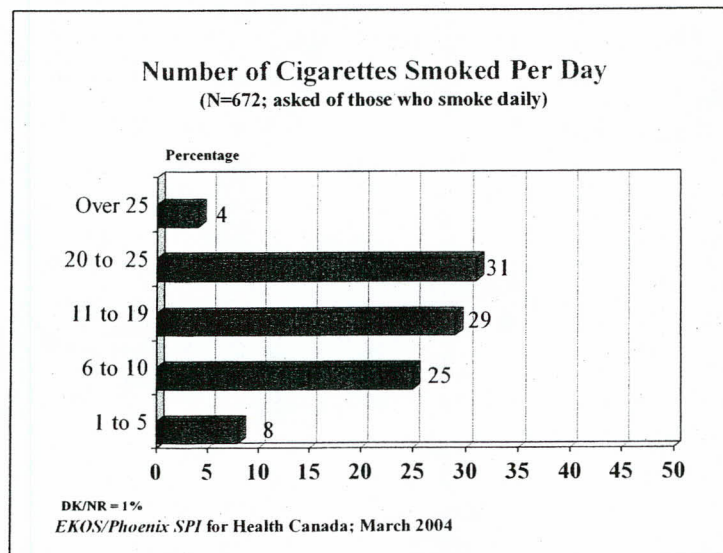
Most respondents are regular smokers. Fully 84% said they smoke every day, while 11% only smoke occasionally (defined as less than every day).

Henceforth, respondents who smoke on a daily basis will be referred to as regular smokers, while those who do not will be called occasional smokers.



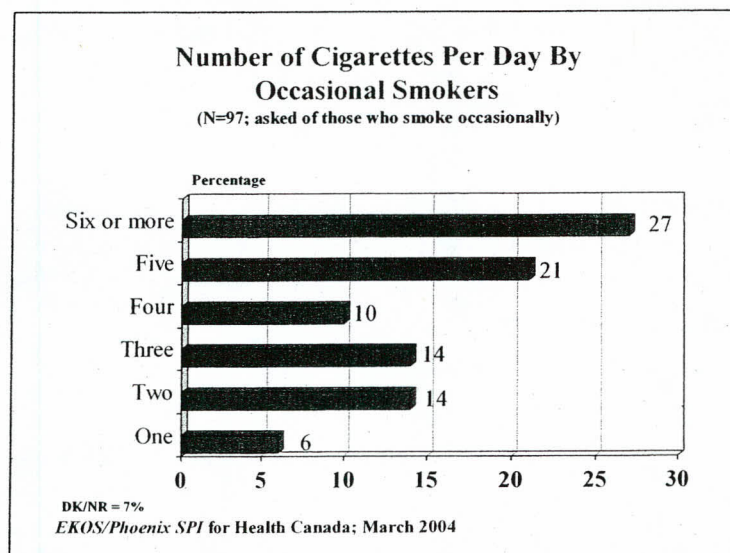
Approximately One-Third of Regular Smokers Smoke a Pack a Day or More

Slightly more than one-third (35%) of regular smokers smoke a pack a day or more (including both sizes of cigarette packs – 20 and 25 cigarettes). At the other end of the spectrum, almost the same number (33%) smoke 10 cigarettes or less (with 8% smoking 5 or less). Most of the remainder (29%) smoke between 11 and 19 cigarettes.



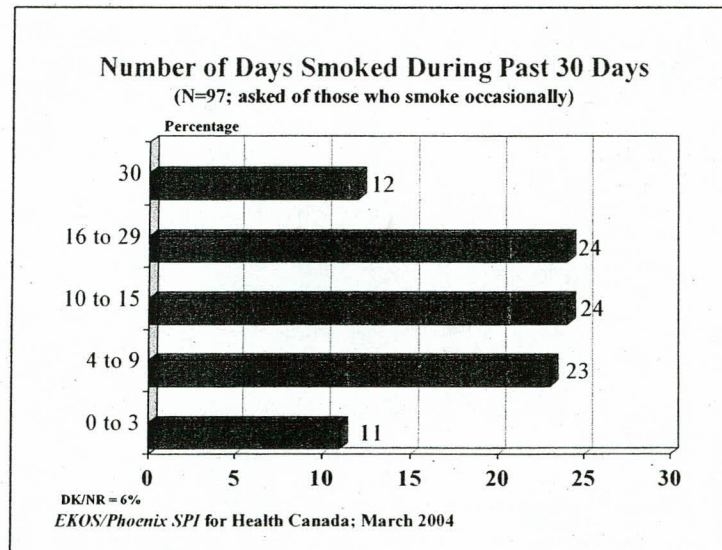
Occasional Smokers Usually 'Light' Smokers as Well

Occasional smokers are likely to be light smokers as well, with nearly two-thirds (65%) saying they smoke five cigarettes a day or less. By way of comparison, they are eight times more likely to do so than daily smokers. Just over one-quarter (27%) smoke more than this.



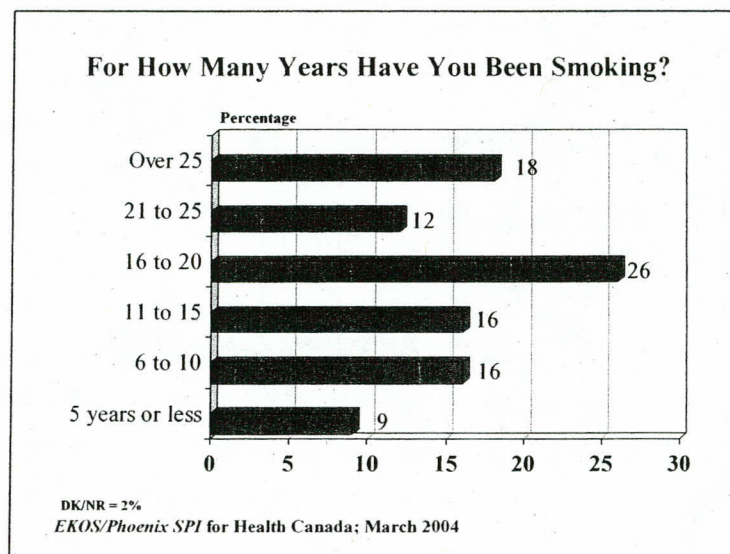
When asked to identify the number of days on which they smoked during the past month (30 days), over half (58%) of occasional smokers said they smoked on half those days or

less (34% smoked on less than 10 days). By contrast, one-third (36%) smoked on more than half of the days in the previous month (12% smoked every day, but they still consider themselves to be occasional smokers – perhaps over the longer-term, but just not within the preceding month).



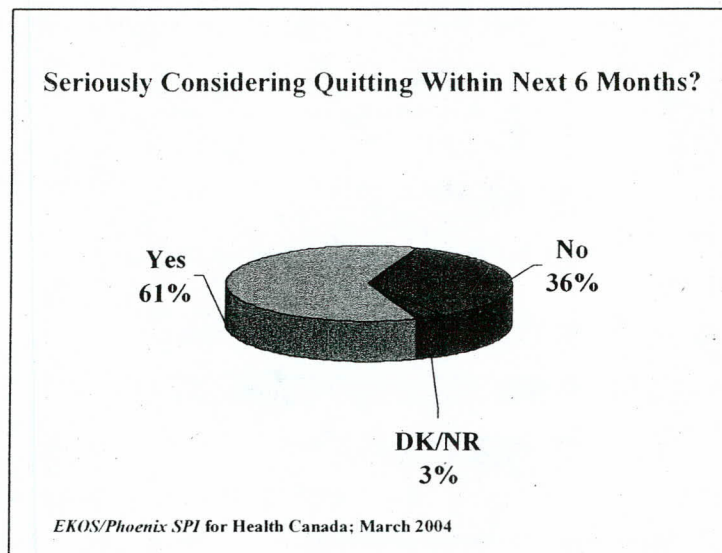
Nearly Three-Quarters Have Been Smoking for Over 10 Years

All respondents were asked how long they have been smoking. Those who have quit and started again were asked to identify the number of years they have actually been smoking. Most have been smoking for many years. Just under three-quarters (72%) said they have been smoking for over 10 years, with nearly one-third (30%) saying they have been smoking for over 20 years. About one in ten (9%) are 'new' smokers (5 years or less).



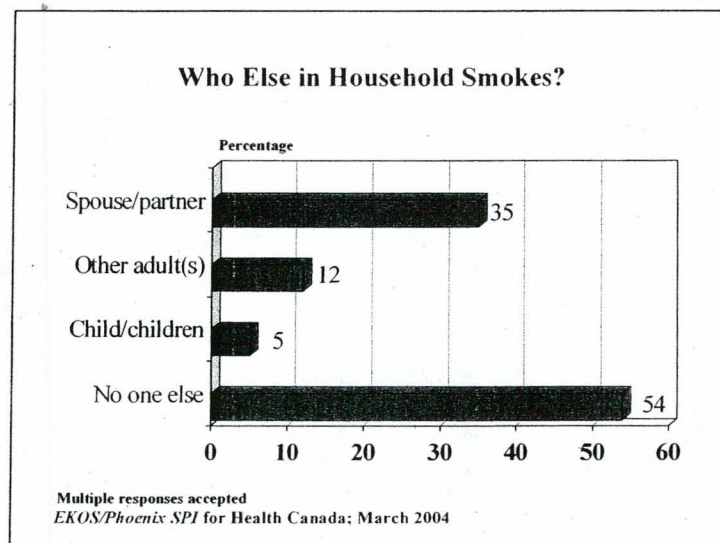
Majority Say They Are Seriously Considering Quitting Within Next 6 Months

Despite the fact that most respondents are regular smokers and have been smoking for a number of years, a majority (61%) said they are seriously considering quitting smoking within the next six months. By contrast, a strong minority (36%) are not.



Half are Sole Smokers in Household – Many Partners Also Smoke

While a majority of respondents (54%) are the only smokers in their household, many are not. More than one-third (35%) said that their spouse or partner also smoked, while 12% live with other adults and 5% with children who smoke (multiple responses accepted).



SMOKING BEHAVIOUR IN CAR & HOME

This section explores issues related to smoking behaviour in the car and home, including where and when people smoke and do not smoke, what types of restrictions are in place, and reasons for having the restrictions. The exposure of their children to second-hand smoke and the actions parents take to deal with SHS are also explored.

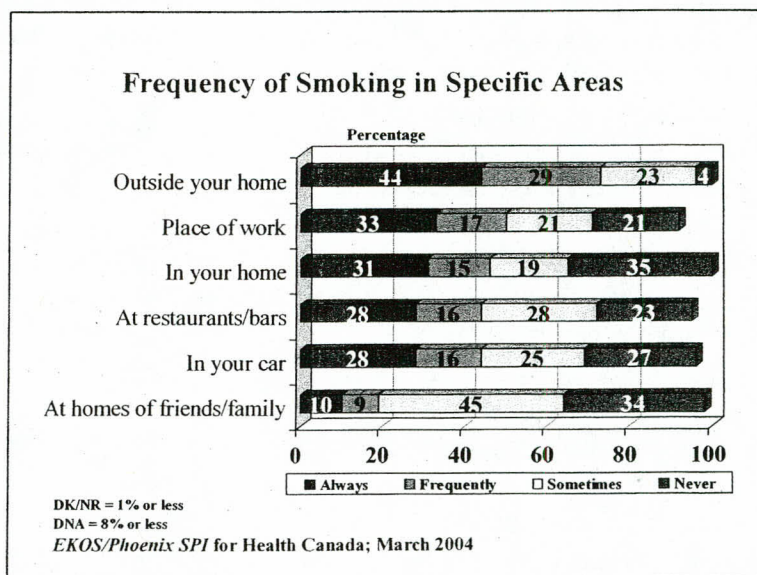
Most Likely to Smoke Outside Home, Least Likely to Smoke in Homes of Others

Respondents were asked about their smoking habits, starting with how often they smoke in the following locations (always, frequently, sometimes, or never):

- At their place of work (including dedicated smoking areas or outside).
- In their car.
- In their home (i.e. indoor parts of the home, including the garage).
- At restaurants or bars that have smoking areas.
- At the homes of friends or family.
- Outside their home, such as the patio or backyard.

There are many locations where significant numbers say they 'always' or 'never' smoke. It appears that smokers are most likely to smoke outside their own homes, and least likely to do so at the homes of friends or family. Nearly three-quarters said they always (44%) or frequently (29%) smoke outside their own homes. Most of the rest (23%) sometimes do this. By contrast, only 19% said they always/frequently smoke at the homes of friends or family. Over three-quarters said they do so only sometimes (45%) or never (34%).

In terms of the proportion of surveyed smokers who smoke in their own home, slightly less than one-third (31%) said they always do this, while slightly more than a third (35%) said they never do it. The remainder are divided between those who frequently or sometimes smoke in their own home. The situation is similar for those who smoke in their car. Here, 28% said they always do this, while about the same number (27%) never do it. In total, therefore, 46% said they smoke in their home at least frequently, while 44% smoke this often in their car.

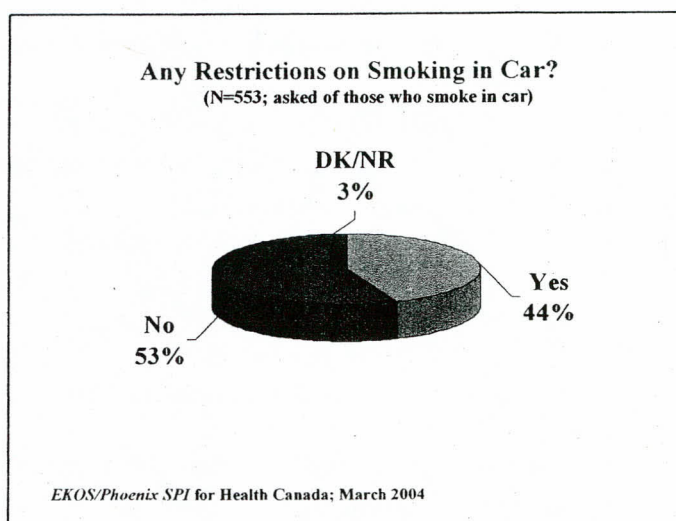


Smoking patterns in the other two locations tend to be similar to those for the home and car. Similar numbers said they always (28-33%) or frequently (16-17%) smoke at their place of work or at restaurants/bars, as well as never (21-23%) smoke in these locations.

The number who answered 'does not apply' to these scenarios ranged from 1-8% (i.e. do not have a car, do not have a place of work, etc.).

Majority Has No Smoking Restrictions in Car, Significant Minority Do

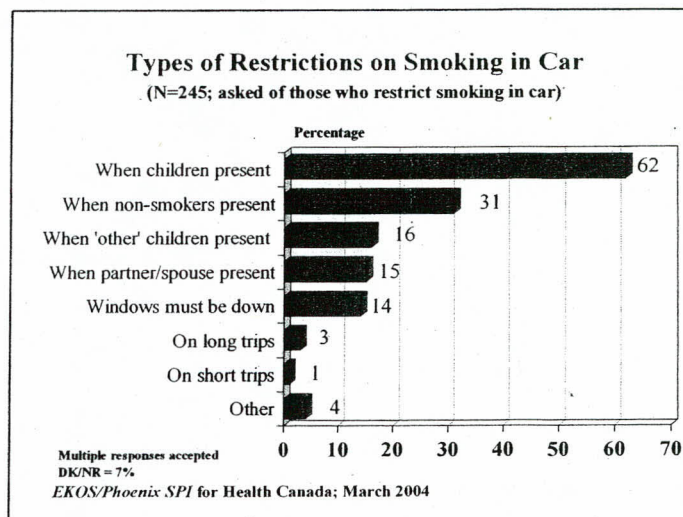
Just over half of the respondents who smoke in their car said that they do not have any restrictions on smoking in their car (53%). However, a significant minority (44%) do restrict smoking in their car in some way.



Presence of Children – Top Restriction on Smoking in Car

Those who do have restrictions on smoking in their car were asked in an open-ended manner to identify the nature of the restrictions. The vast majority identified restrictions related to the *type* of passenger present. Over three-quarters said restrictions apply to the presence of children. While most apply this to the presence of children in general (62%), some specified that it applies when the children of *others* are in the car (16%). Almost one-third (31%) said there is no smoking in the presence of any non-smokers in the car, and 15% said this about the presence of their partner/spouse (multiple responses accepted).

Some restrictions do not apply to passengers but are more procedural in nature. This mainly involves rolling down windows when smoking takes place (14%). A few



impose restrictions on smoking during long or short trips.

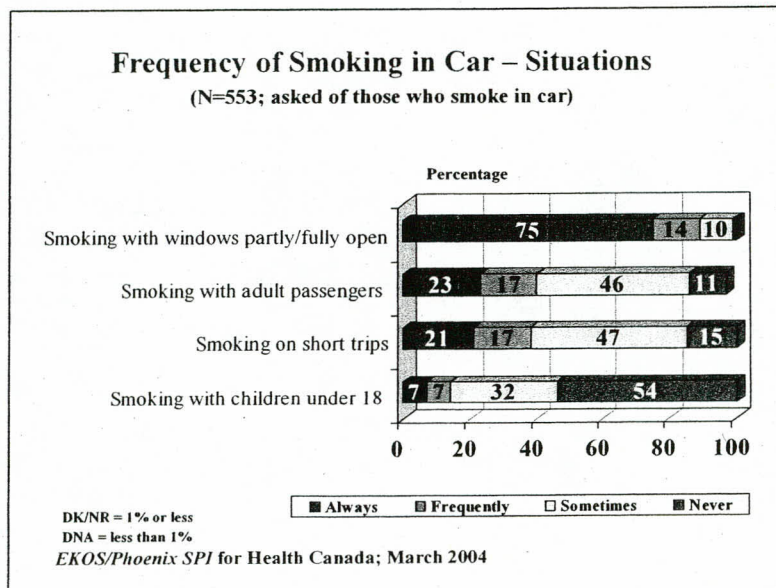
Included in the 'other' category are no smoking when anyone else is present in the car, use or non-use of the car ashtray, no smoking in the new car but okay in the older one, no smoking in the back seat of the car, and always cleaning the car after it has been smoked in.

Half Who Smoke in Car Do Not Smoke With Children Present

Those who smoke in their car were probed more specifically about their own smoking behaviour in their vehicles. They were asked how often (always, frequently, sometimes, or never) they smoked in the following situations:

- Smoking with adult passengers in their car.
- Smoking with children under 18 in their car.
- Smoking with their windows partly or fully open.
- Smoking on short trips, such as errands or travel within their community.

Respondents were most categorical about their behaviour when it came to smoking with their windows partly or fully open. Three quarters said they *always* do this, while most of the rest said they frequently do it (14%). A majority were also categorical that they *never* smoke with children under 18 in the car. One-third (32%) said they sometimes do this, while 14% said they do it frequently or always.



Behaviours tended to be less clear cut in other situations. In terms of smoking on short trips, 38% said they do this frequently or always, while nearly half (47%) said they do this sometimes (15% said never). Similarly, 40% said they always or frequently smoke with adult passengers in the car, while 46% sometimes do this and 11% never do.

The following were more likely to say they always or frequently smoke with children under 18 in their car (note: national average is 14%):

Type of Smoking Parent	%	Compared to ...	%
Heavy smokers	21	Light, medium smokers	8-12
Long-term smokers (over 20 years)	19	Shorter-term smokers	11-12
Less educated (HS diploma or less)	18-19	Higher educated (some post-sec.)	10
Lower income (less than \$20,000)*	18	Higher income (\$60,000+)	10
Women	18	Men	10
People who are <u>not</u> the only smoker in home	18	Sole smokers in home	10
People who are <u>not</u> considering quitting	18	People who are considering quitting	11
Parents of older children (13 yrs.+)	17	Parents with children under 6 yrs.	10

* There is a linear relationship – as income goes up, the likelihood of smoking in the car with children goes down.

The following were more likely to say they never smoke with children in the car (note: national average is 54%):

Type of Smoking Parent	%	Compared to ...	%
Parents with part-time custody	80	Parents with full-time custody	51
Occasional smokers	73	Regular smokers (every day)	51
Light, medium smokers*	71	Heavy smokers	38
Higher educated (some post-sec.)	61-66	Less educated (HS diploma or less)	40-45
Sole smokers in home	65	People who are <u>not</u> the only smoker in home	42
Parents with children under 6 yrs.	63	Parents of older children (13 yrs.+)	46
Higher income (over \$40,000)*	59-62	Lower income (less than \$40,000)	45-46
Urban residents	59	Rural residents	41
Shorter-term smokers (less than 20 yrs.)	57-58	Long-term smokers	45
People who are considering quitting	57	People who are <u>not</u> considering quitting	48
Anglophones	56	Francophones	42
Smokers outside Quebec	56-61	Quebecers	44

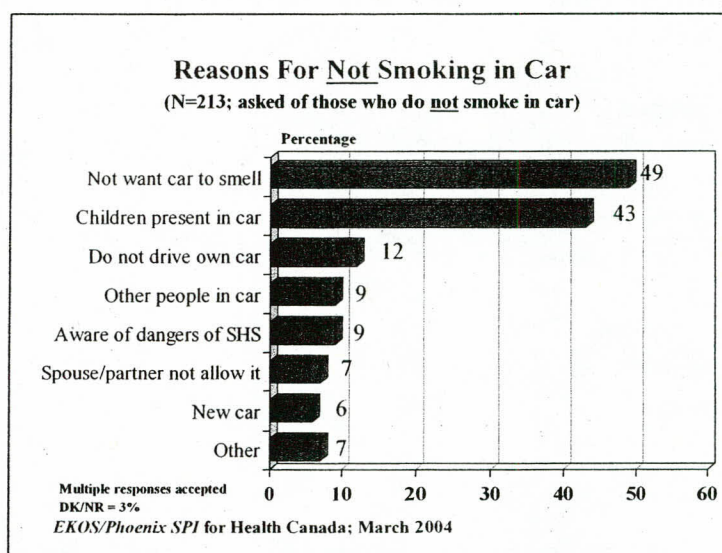
* There is a linear relationship – as one goes up, the other goes down.

Concerns About Smell & Children – Main Reasons For Never Smoking in Car

Respondents who said they never smoke in their car were asked to explain why not. Nearly half (49%) said it was because they did not want their car to smell, followed by 43% who said it was because of children present in the car (multiple responses accepted).

Other reasons were identified much less often. One in ten (12%) said that they do not own the car they drive. Equal numbers (9% each) said they were aware of the dangers of second-hand smoke and did not want to annoy others in the car, while 7% said their spouse or partner does not allow it. A few (6%) said that their car was new.

Included in the 'other' category are safety considerations (i.e. holding a cigarette while driving is a distraction), that the area is too enclosed to smoke in (i.e. they prefer to smoke outside), and that they simply do not crave cigarettes while driving their car.



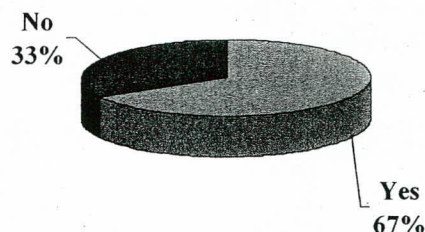
The following were more likely to identify the presence of children as the reason for not smoking in their car (note: national average is 43%):

Type of Smoking Parent	%	Compared to ...	%
Parents with children under 6 yrs.	53	Parents of older children (13 yrs.+)	32
Medium-aged smokers (30-39 yrs.)	53	Older and younger smokers	34-42
Higher income (\$60,000+)	51	Lower-mid. income (less than \$60,000)	39-43
Occasional smokers	51	Regular smokers (every day)	44
Higher educated (some post-sec.)	45-49	Less educated (HS diploma or less)	38-39
Light, medium smokers	45-49	Heavy smokers	26
People who are considering quitting	47	People who are <u>not</u> considering quitting	39
Anglophones	47	Francophones	30
Parents with full-time custody	46	Parents with part-time custody	18
Smokers outside Quebec	41-48	Quebecers	31

Two-Thirds Claim to Restrict Smoking in Home (But More Identify Restrictions)

Two-thirds (67%) of all respondents said that smoking is restricted to some extent in their home, while one-third said it is not. As can be seen below, however, this underestimates the proportion of smokers that do indeed restrict smoking to some extent in their homes. When more specific questions are asked about the existence of possible restrictions, higher numbers claim to have some restrictions (e.g. see next question).

Any Restrictions on Smoking in Home?



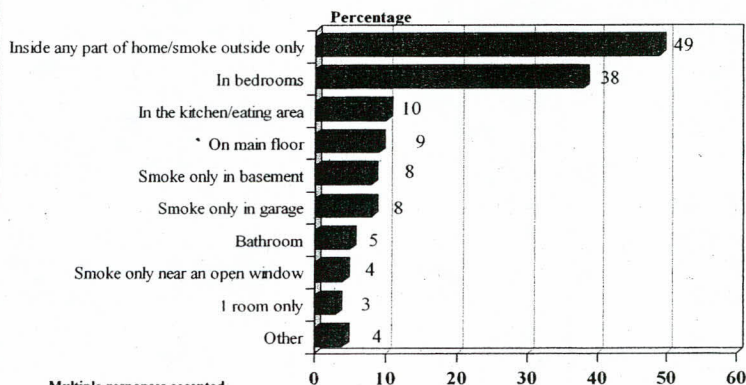
EKOS/Phoenix SPI for Health Canada; March 2004

Three-Quarters Say Smoking Not Allowed in Parts of Home

Three-quarters of respondents said that there are parts of their home where smoking is not permitted. When asked where, nearly half (49%) of these respondents said that smoking is only allowed *outside* of the home (i.e. no smoking is permitted in any part of the house). Those who identified specific rooms or locations in the house where smoking is not permitted pointed most often to the bedrooms (38%), followed at a distance by the kitchen/eating area (10%) and main floor (9%) (multiple responses accepted).

Equal numbers said smoking is only allowed in the garage or basement (8% each). Small numbers said they could not smoke in a bathroom, or could only smoke near an open window or in one particular room (unspecified).

Types of Restrictions (Places) on Smoking in Home
(N=601; asked of those who have smoking restrictions in home)



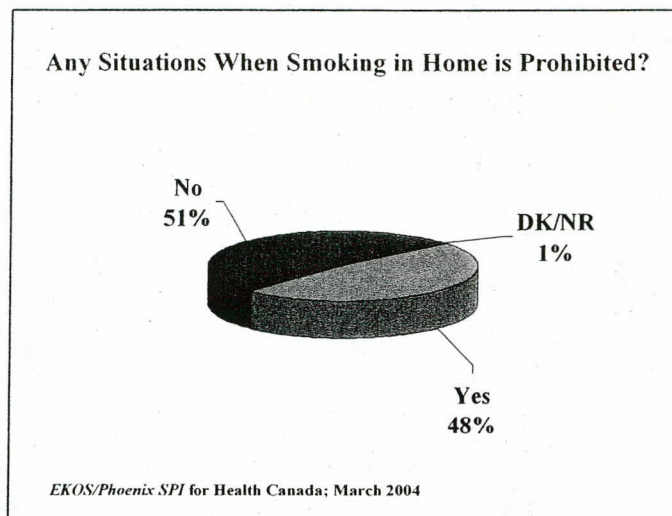
Multiple responses accepted
DK/NR = 2%

EKOS/Phoenix SPI for Health Canada; March 2004

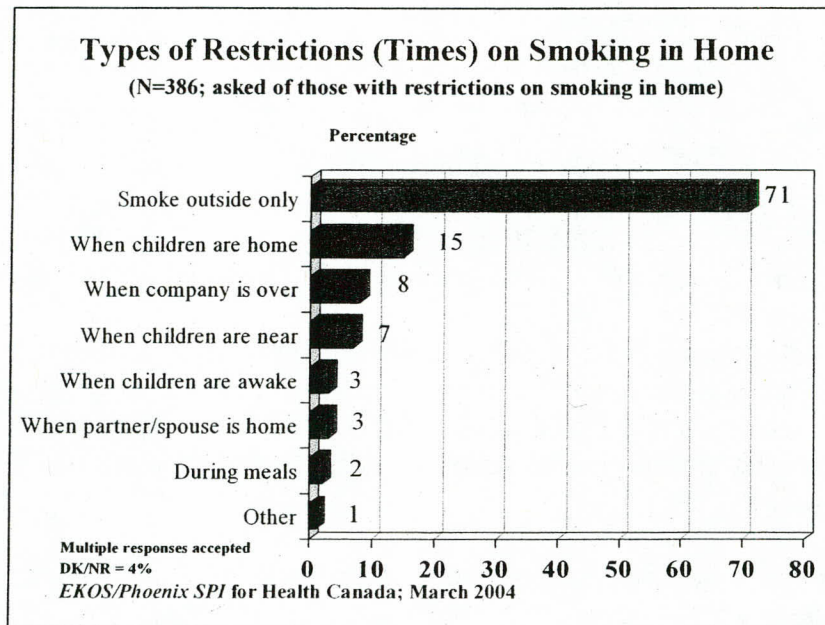
Included in the 'other' category are in the living room, the attic, the den, on the second floor of the home, and where children are present.

Other Restrictions Apply When Children are Present

When asked if there were any situations or times of the day when smoking is not permitted in their home, 48% said that there were, while 51% said there were not.



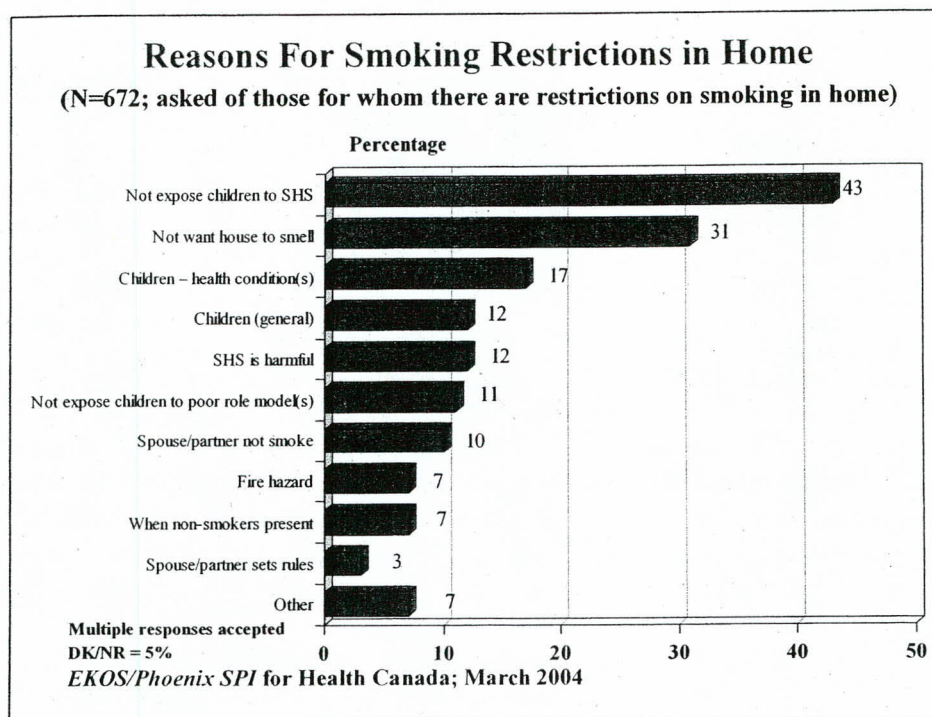
When asked to identify what restrictions apply, the vast majority of those who said there are restrictions indicated that there is a general prohibition – i.e. that smoking is only ever allowed outside the house (71%). Most of the other restrictions applied to the presence of children, including when they were at home (15%), nearby or in close proximity (7%), or awake (3%) (multiple responses accepted).



Some said that smoking was not allowed when company was over (8%). Included in the 'other' category are when people who have allergies or problems breathing object to smoking, no smoking permitted upstairs and smoking only permitted in the basement.

Children, SHS – Top Reasons for Restricting Smoking in Home

All surveyed smokers who indicated that they have any type of restriction on smoking in their home were asked to explain why the restrictions are in place. Once again, people most often identified reasons related to children. Leading the way was the desire to not expose children to second-hand smoke (43%), followed by a child's health condition (17%), children in general (12%), and a desire to not expose the child to poor role modeling (11%) (multiple responses accepted).



In addition to the clear focus on children, many respondents focused on second-hand smoke, either in relation to children (43%, as noted above) or in more general terms, viewing SHS as harmful (12%). Protection from the effects of second-hand smoke, either children or others, was therefore explicitly identified by a majority of respondents (55%).

Beyond these two issues, the reason identified most often was to prevent the house from smelling (31%). Some also identified spouse/partner-related reasons, including a spouse or partner not smoking or not liking smoke (10%), and setting the rules (3%). Equal numbers said that smoking is restricted because it is a fire hazard or when non-smokers are in the house (7% each).

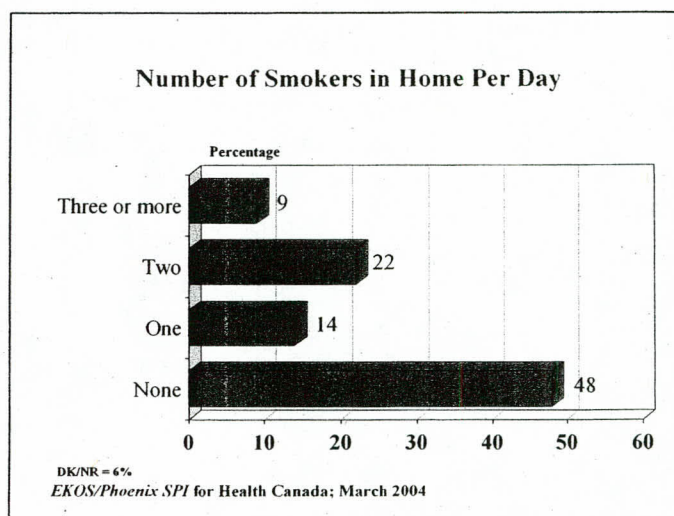
Included in the 'other' category are negotiations with a partner/spouse, a requirement of the rental lease or sublet, trying to smoke less or quitting, health problems/allergies of their own or household members, to respect others, and the fact there is better ventilation in the kitchen, among others.

The following were more likely to identify child-related reasons to explain why they have restrictions on smoking in their home (note: national average is 67%):

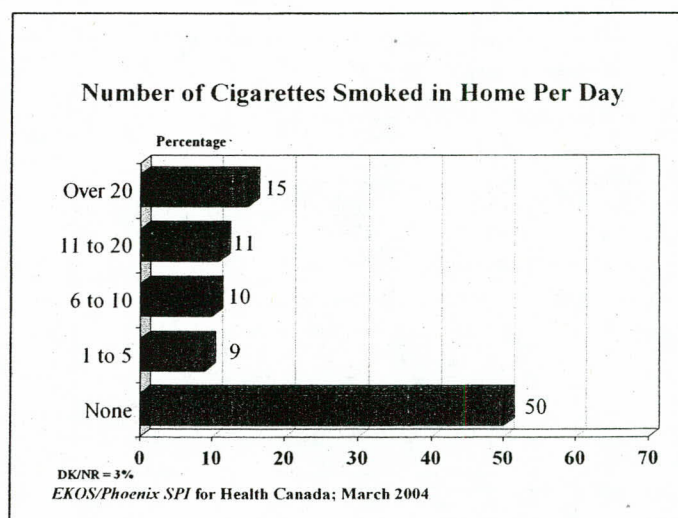
Type of Smoking Parent	%	Compared to ...	%
Parents with children under 6 yrs.	70	Parents of older children (13 yrs.+)	51
Smokers outside Quebec	56-70	Quebecers	45
Anglophones	66	Francophones	42
Younger smokers (under 45 yrs.)	60-67	Older smokers (45 yrs.+)	49
Shorter-term smokers (less than 20 yrs.)	64-65	Long-term smokers	56

Almost Half Have Smoking in Home on Daily Basis

All respondents were asked how many people, including other family members and regular visitors, smoke inside their home every day or almost every day. In response, nearly half (48%) said that none do. Most of the rest identified one (14%) or two people (22%). Nine percent identified more than this. Thus, nearly half (45%) have smoking in their house on a daily basis.

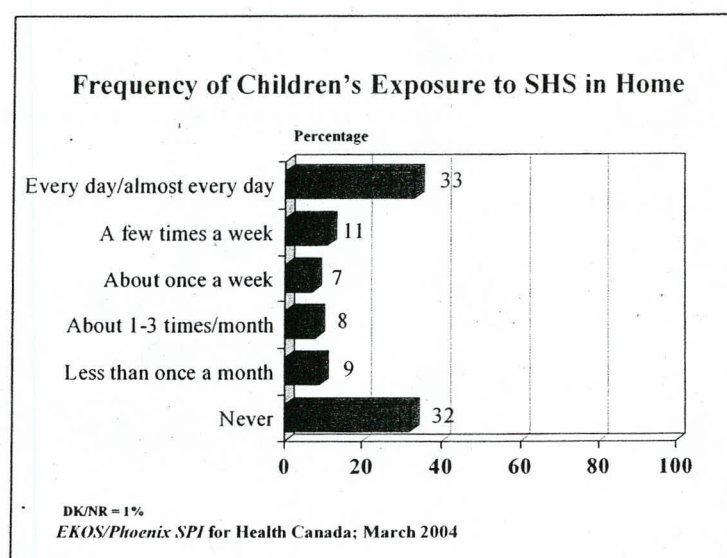


When asked to identify, on average, the number of cigarettes smoked in their home by household members or others over the course of one day, exactly half said that no cigarettes are smoked. Almost equal numbers (9-11%) said 1-5, 6-10, and 11-20. Slightly more (15%) said over 20 cigarettes a day are smoked in their house.



One-Third of Children Exposed Daily to SHS in Home, Less Exposure in Car

Respondents reported very different patterns of exposure to second-hand smoke by their children in their homes (defined as where their children are in a situation where they are breathing in second-hand smoke). The largest, and virtually identical, proportions were at polar extremes from one another. One-third think their children are exposed to second-hand smoke every day or almost every day, while another third believe that their children are never exposed to second-hand smoke in the home. The rest were almost equally divided between those who think their children are exposed once a week or a few times a week (18%) and those who think they are exposed about 1-3 times a month or less than once a month (17%).



The following were more likely to say their children are in a situation where they are breathing in second-hand smoke in and around the home at least a few times a week (note: national average is 44%):

Type of Smoking Parent	%	Compared to ...	%
Francophones	69	Anglophones	38
Quebecers	66	Smokers outside Quebec	34-42
Heavy smokers *	63	Light smokers	30
Lower income (less than \$20,000)*	61	Higher income (\$60,000+)	26
Less educated (some HS education)*	58	Higher educated (post-sec. degree)	37
Long-term smokers (over 20 years)	56	Shorter-term smokers	37-40
People who are <u>not</u> the only smoker in home	54	Sole smokers in home	35
Parents of older children (13 yrs.+)	53	Parents with children under 6 yrs.	33
Women	51	Men	37
People who are <u>not</u> considering quitting	50	People who are considering quitting	41
Older smokers (over 45 yrs.)	50	Younger smokers (under 45 yrs.)	39-44
Regular smokers (every day)	49	Occasional smokers	20
Parents with full-time custody	47	Parents with part-time custody	29

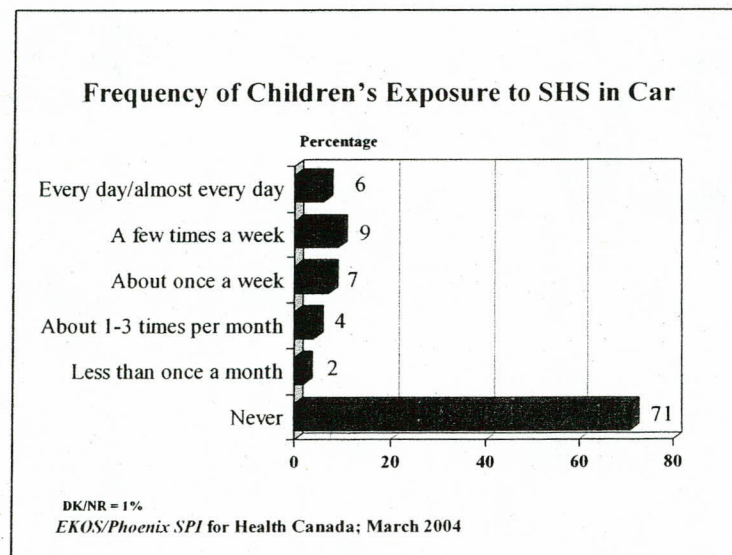
* There is a linear relationship – as one goes up, the other goes down.

Parents that were more likely to say this never happens includes (note: national average is 32%):

Type of Smoking Parent	%	Compared to ...	%
Occasional smokers	48	Regular smokers (every day)	29
Light smokers*	44	Heavy smokers	18
Higher income (\$60,000+)*	41	Lower income (less than \$20,000)	15
Parents with part-time custody	39	Parents with full-time custody	30
Parents with children under 6 yrs.	39	Parents of older children (13 yrs.+)	25
Sole smokers in home	39	People who are <u>not</u> the only smoker in home	23
Anglophones	37	Francophones	12
Shorter-term smokers (10 yrs. or less)*	37	Long-term smokers (over 20 yrs.)	24
Higher educated (post-sec. degree)*	37	Less educated (some HS education)	21
Men	36	Women	27
Smokers outside Quebec	35-39	Quebecers	14
Younger smokers (under 45 yrs.)	32-35	Older smokers (over 45 yrs.)	26

* There is a linear relationship – as one goes up, the other goes down.

There was more consistency in terms of the frequency with which children are exposed to second-hand smoke in their car. Somewhat less than three-quarters (71%) said this never happens. The rest were more likely to think it happens once a week to a few times a week (16%), while equal numbers think it happens every day/almost every day (6%) or 1-3 times per month (6%), while equal numbers think it happens every day/almost every day (6%) or 1-3 times per month (6%) or less than once a month (2%).



The following are most likely to say that their children are in a situation where they are breathing in second-hand smoke in their car at least a few times a week (note: national average is 14%):

Type of Smoking Parent	%	Compared to ...	%
Heavy smokers*	26	Light smokers	6
Quebecers	21	Smokers outside Quebec	8-13
Less educated (some HS education)	21	Higher educated (HS diploma or more)	12-15
Francophones	20	Anglophones	12
Long-term smokers (over 20 yrs.)*	20	Shorter-term smokers (10 yrs. or less)	9
People who are <u>not</u> the only smoker in home	20	Sole smokers in home	10
Parents of older children (13 yrs.+)	18	Parents with children under 6 yrs.	11
Regular smokers (every day)	16	Occasional smokers	4
Parents with full-time custody	15	Parents with part-time custody	5

* There is a linear relationship – as one goes up, the other goes down.

Those most likely to say this never happens include the following (note: national average is 71%):

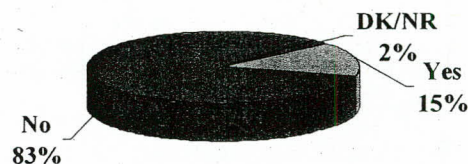
Type of Smoking Parent	%	Compared to ...	%
Occasional smokers	89	Regular smokers (every day)	68
Light smokers*	86	Heavy smokers	52
Parents with part-time custody	84	Parents with full-time custody	70
Parents with children under 6 yrs.	79	Parents of older children (13 yrs.+)	65
Sole smokers in home	79	People who are <u>not</u> the only smoker in home	62
Younger smokers (under 30 yrs.)	78	Older smokers (over 30 yrs.)	68-72
Shorter-term smokers (20 yrs. or less)	74-78	Long-term smokers (over 20 yrs.)	62
Higher income (\$60,000+)	77	Lower income (less than \$60,000)	68-71
Higher educated (some post-sec.)	76-77	Less educated (HS diploma or less)	61-67
Smokers outside Quebec	72-76	Quebecers	63
Urban residents	75	Rural residents	60
People who are considering quitting	74	People who are <u>not</u> considering quitting	68
Anglophones	73	Francophones	63

* There is a linear relationship – as one goes up, the other goes down.

Some Exposure to SHS Through Baby Sitter or Caregiver

There is some, albeit limited, exposure of children to second-hand smoke from a baby-sitter or caregiver, either in their home or elsewhere. Fully 83% think that this does not happen, while 15% believe their children are exposed.

Children Exposed to SHS by Baby-Sitter/Caregiver?



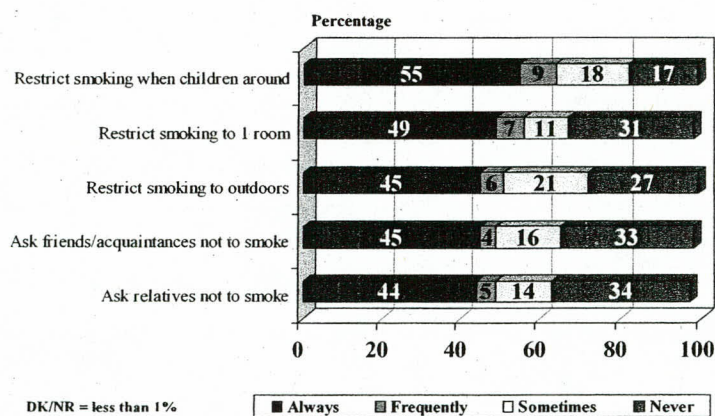
EKOS/Phoenix SPI for Health Canada; March 2004

Smoking-Related Behaviours in Home

With a focus on smoking-related behaviours in their own home, respondents were asked if they or other members of their household always, frequently, sometimes, or never do the following:

- Restrict smoking to outdoors only.
- Restrict smoking to one room or area.
- Restrict smoking when children are around.
- Ask friends and acquaintances not to smoke.
- Ask relatives not to smoke.

Frequency of Smoking Restrictions in Home



EKOS/Phoenix SPI for Health Canada; March 2004

In only one instance did a majority of respondents pronounce itself categorically: 55% said they always restrict smoking when children are around. Among the rest, 9% frequently do

this, 18% sometimes do it, and 17% never do. Regarding all other types of restrictions, respondents tended to be polarized, with the largest proportions saying they always do these things (44-49%) or saying they never do them (27-34%).

The following were most likely to say they frequently/always restrict smoking in their home when children are around (note: national average is 64%):

Type of Smoking Parent	%	Compared to ...	%
Occasional smokers	77	Regular smokers (every day)	62
Light smokers*	75	Heavy smokers	50
Younger smokers (under 30 yrs.)	73	Older smokers (over 30 yrs.)	60-64
Higher income (\$60,000+)*	72	Lower income (\$20,000 or less)	47
Parents with children under 6 yrs.	71	Parents of older children (13 yrs.+)	59
Smokers outside Quebec	67-71	Quebecers	48
Shorter-term smokers (20 yrs. or less)	67-68	Long-term smokers (over 20 yrs.)	55
People who are considering quitting	68	People who are <u>not</u> considering quitting	57
Sole smokers in home	68	People who are <u>not</u> the only smoker in home	59
Anglophones	68	Francophones	46
Men	67	Women	61
Urban residents	67	Rural residents	55

* There is a linear relationship – as one goes up, the other goes down.

Those most likely to say they never do this include the following (note: national average is 17%):

Type of Smoking Parent	%	Compared to ...	%
Quebecers	27	Smokers outside Quebec	10-16
Francophones	27	Anglophones	14
Less educated (HS diploma or less)	19-26	Higher educated (some post-sec.)	11-13
Heavy smokers	24	Light, medium smokers	11-12
Lower income (less than \$20,000)*	23	Higher income (\$60,000+)	13
Rural residents	21	Urban residents	15
People who are <u>not</u> considering quitting	21	People who are considering quitting	14

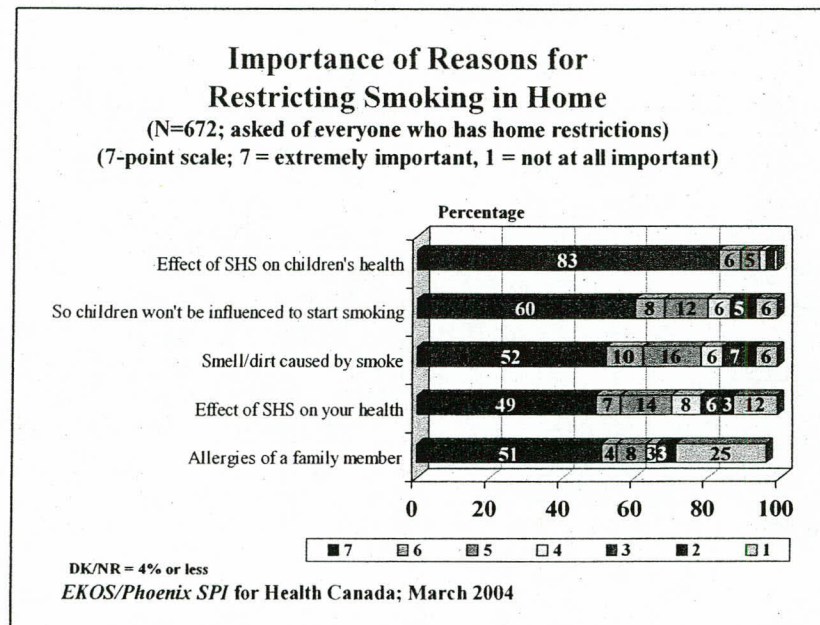
* There is a linear relationship – as one goes up, the other goes down.

Importance of Reasons for Restricting Smoking in Home

All respondents who said they restrict smoking in their home were asked to assess the importance of various potential factors in their decision. They were asked to use a 7-point scale (1 = not important at all; 7 = very important) to assess the following factors:

- Allergies of a family member.
- The effect of second-hand smoke on your health.
- The effect of second-hand smoke on the health of your children.
- The smell and dirt caused by cigarette smoke.

- So that your children won't be influenced by others to start smoking.



A majority attributed importance (scores of 5 or more) to each of these factors. Moreover, respondents were highly likely to attribute the highest possible level of importance to the factors (49-83%). Nevertheless, the level of importance attributed to each factor did vary. Respondents were nearly unanimous (94%) in attributing importance to the effect of second-hand smoke on their children (83% attributed the highest score possible to this factor). They attributed almost equal importance to influencing their children (80%) and the smell and dirt caused by cigarette smoke (78%), but were more likely to attribute strong importance to the former (60% vs. 52%).

While respondents attributed significant importance to the effect of second-hand smoke on the health of their children, they were much less concerned about its impact on their own health, with 70% attributing importance to this factor. This is not really surprising since respondents are themselves smokers. Respondents were the least likely to attribute importance to allergies of a family member (63%), although half attributed the highest level of importance to this factor. Conversely, 31% said it was of little or no importance. The percentage that rated other factors as being of little or no importance ranged from 3-21%.

The following were most likely to attribute high importance (scores of 7) to the effect of second-hand smoke on the health of their children as a reason for restricting smoking in their home following (note: national average is 83%):

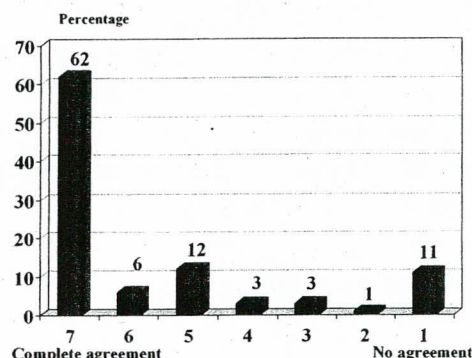
Type of Smoking Parent	%	Compared to ...	%
Parents with part-time custody	92	Parents with full-time custody	82
Parents with children under 6 yrs.	91	Parents of older children (13 yrs.+)	75
Occasional smokers	90	Regular smokers (every day)	83
Light smokers*	89	Heavy smokers	77
Younger smokers (under 45 yrs.)	85-88	Older smokers (over 45 yrs.)	72
Sole smokers in home	87	People who are <u>not</u> the only smoker in home	79
Smokers outside Quebec	84-93	Quebecers	74
Shorter-term smokers (20 yrs. or less)	84-87	Long-term smokers (over 20 yrs.)	76
People who are considering quitting	86	People who are <u>not</u> considering quitting	77
Anglophones	85	Francophones	74

* There is a linear relationship – as one goes up, the other goes down.

High Level of Agreement on Smoking Restrictions in Home

Using a similar 7-point scale, respondents were asked to what extent all the members of their household agree on whether or not smoking should be restricted in their home (1 = no agreement at all; 7 = complete agreement). In response, 80% indicated that there was agreement on this (scores of 5 or more), with fully 62% saying there is complete agreement. Conversely, 15% indicated that there was little to no agreement on this issue (scores of 3 or less).

Extent of Household Agreement on Smoking Restrictions
(7-point scale; 7 = complete agreement, 1 = no agreement)

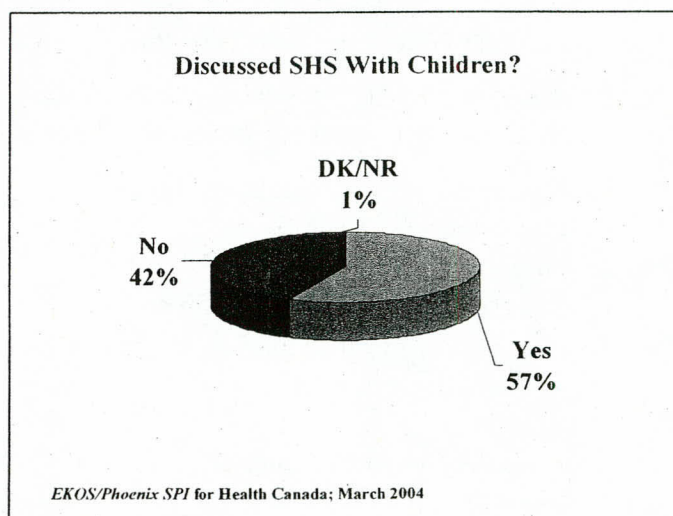


DK/NR = 1%
EKOS/Phoenix SPI for Health Canada; March 2004

The greater the level of agreement on whether or not smoking should be restricted in the home, the greater the likelihood of having restrictions on smoking. In total, 80% of respondents who said there is complete agreement on whether smoking should be restricted in the home (score of 7) said they had restrictions on smoking in their home vs. 53% of those who said there is some agreement (scores of 5-6) and 40% of those who said there is little or none.

Most Have Discussed Issue of Second-Hand Smoke With Children

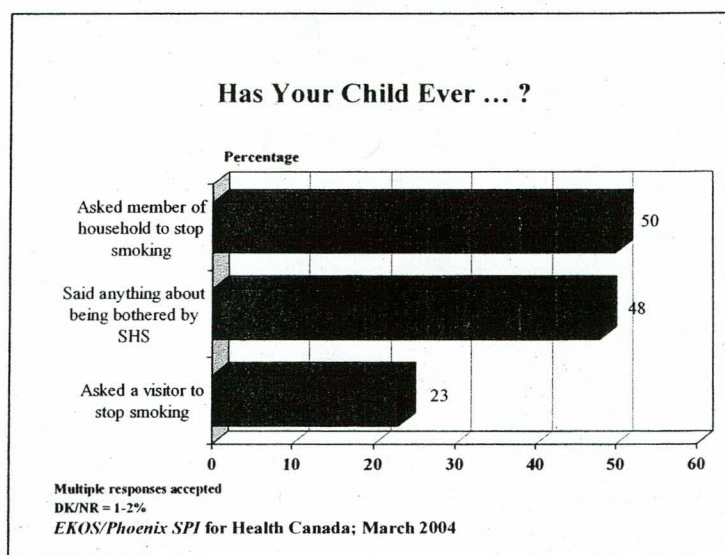
While a majority (57%) said they have discussed the issue of second-hand smoke with their children, a significant number (42%) have not. Note that this question does not identify who raised the topic – the parent or the child. This suggests that the agreement in some households on restricting smoking (discussed above) is not based on discussions with their children about the effects of second-hand smoke.



Many Children Have Asked Others to Stop Smoking, Complained About SHS

Shifting the focus from their own behaviour to that of their child or children, respondents were asked if their child/children has/have ever done any of the following:

- Asked that a member of the household stop smoking in their presence.
- Asked a visitor to the home to stop smoking.
- Said anything about being bothered by second-hand smoke.



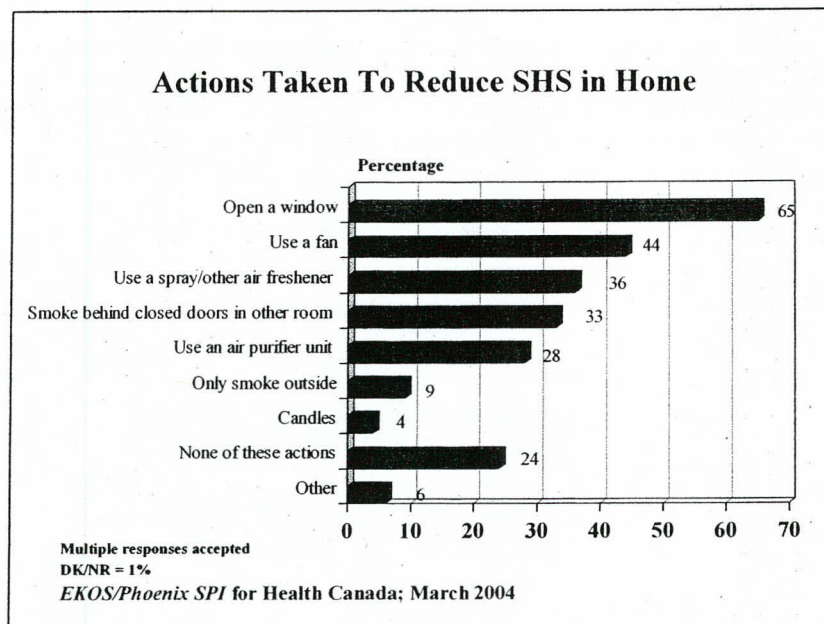
Approximately half of the respondents said that their child/children has/have asked a member of the household to stop smoking and/or have said something about being bothered by second-hand smoke. Significantly fewer (23%) said their child/children has/have asked a visitor to stop smoking.

Smokers Most Likely to Open Window, Use Fan to Reduce Second-Hand Smoke

Respondents were asked to identify which of the following things they have done to reduce the amount of second-hand smoke in their home or its impact on others:

- Use an air purifier unit in the home
- Use a fan
- Open a window
- Smoke behind closed doors in another room
- Use a spray or other form of air freshener
- Or something else (if so, please specify: _____).

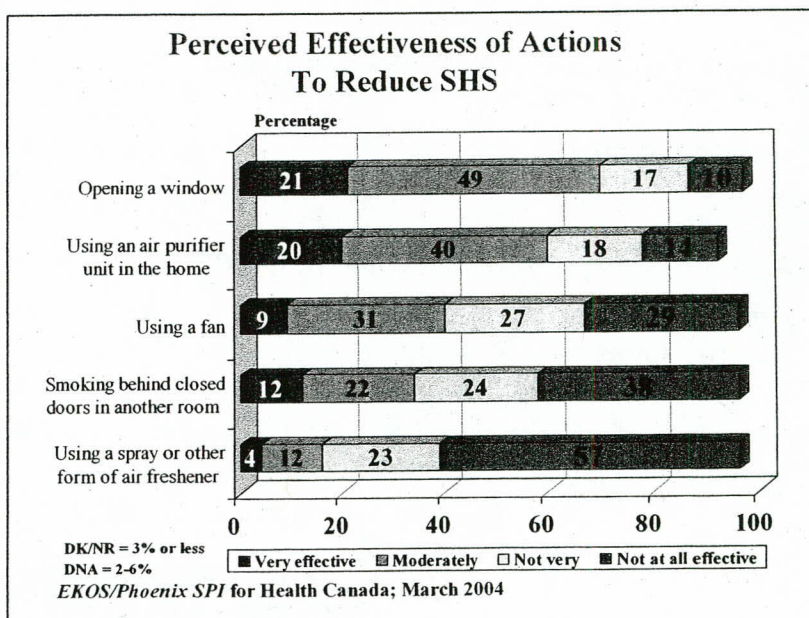
The only method used by a majority of respondents was opening a window, identified by almost two-thirds (65%). Following this, in declining order, were using a fan (44%), using a spray or air freshener (36%), smoking behind closed doors (33%), and using an air purifier (28%) (multiple responses accepted).



The only method not specifically asked about that was identified with any frequency was smoking outside (9%). A few also said they used candles. Included in the 'other' category are using a kitchen exhaust fan, vinegar, smokeless ashtrays or plants, washing the walls in the home continuously, smoking near the fireplace so that smoke is directed outdoors through the chimney, opening the garage door, and placing a towel at the bottom of the door to keep the smoke in one room.

Approximately one-quarter (24%) said they have used none of these methods.

Respondents were also asked about how effective they think each of these same actions is in terms of reducing the amount of second-hand smoke in the home or its impact on others. Only two of these methods are judged to be at least moderately effective by a majority of respondents – 70% said this of opening a window, while 60% said the same about using an air purifier unit in the home. Note that respondents were twice as likely to perceive both methods as moderately, not very effective.



All other methods were seen to have little-to-no effectiveness by a majority of surveyed smokers (56-80%). Respondents were most divided over the effectiveness of a fan, with 56% viewing it as ineffective and 40% seeing it as effective. They were nearly twice as likely to view smoking behind closed doors as ineffective (62% vs. 34% who perceived it as effective). Respondents were most likely to rate an air freshener as ineffective (80%) with over half rating it as not at all effective.

Perceptions and behaviour were most closely attuned regarding opening windows, using a fan, and smoking behind closed doors:

- 70% regarded opening a window as effective and 65% said they have done this
- 40% regarded using a fan as effective and 44% have done it, and
- 34% regarded smoking behind closed doors as effective and 33% have done this.

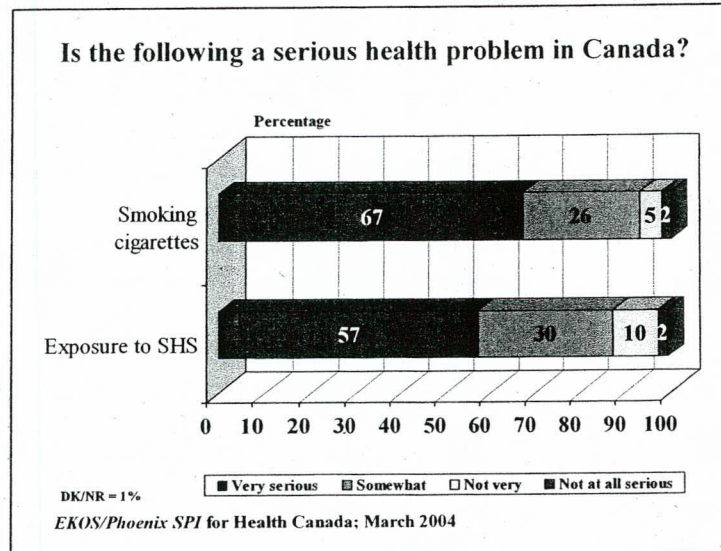
Perceptions and behaviour were less attuned regarding air purifiers and air fresheners (60% regarded using an air purifier as effective, but only 28% have used one; 16% regarded using an air freshener as effective while 36% have used one). This is perhaps explained in part by factors such as cost and convenience. While an air purifier may be perceived as effective, it may be costly or inconvenient. Conversely, while an air freshener may not be seen to be effective, it may be a quick, easy, and cheap way of addressing the situation, at least in part.

HEALTH EFFECTS OF SMOKING & SECOND HAND SMOKE

This section presents respondent feedback on the health risks associated with smoking and second-hand smoke.

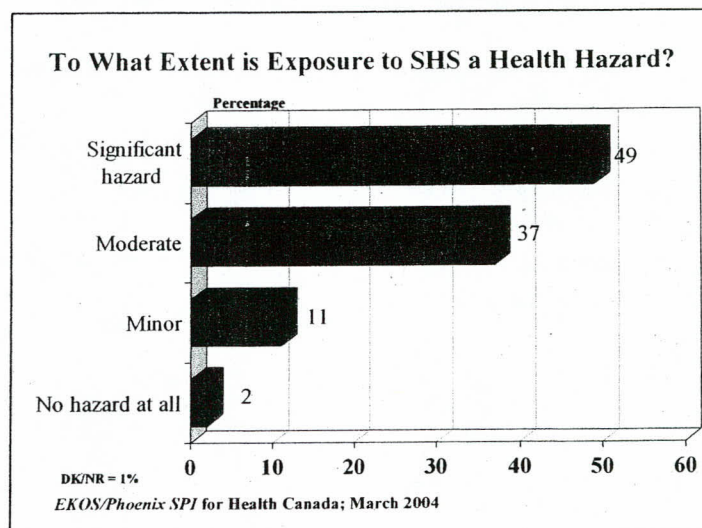
Near-Consensus That Smoking & Exposure to SHS are Serious Health Problems

Fully 93% of respondents regard smoking as a serious health problem in Canada today, with two-thirds considering it to be a *very* serious problem.



Almost as many (87%) regard exposure to second-hand smoke as a serious health problem, with over half considering it to be a very serious problem. While the gap between those who view cigarette smoking as a serious health problem vs. those who say the same about exposure to SHS is 6% at the aggregate level (i.e. somewhat and very serious combined), it increases to 10% in terms of those who view it as a *very* serious problem.

Consistent with this assessment of SHS as an important health issue, an almost equal number (86%) think that exposure to second-hand smoke is at least moderately hazardous to health (49% said it is a *significant* hazard).

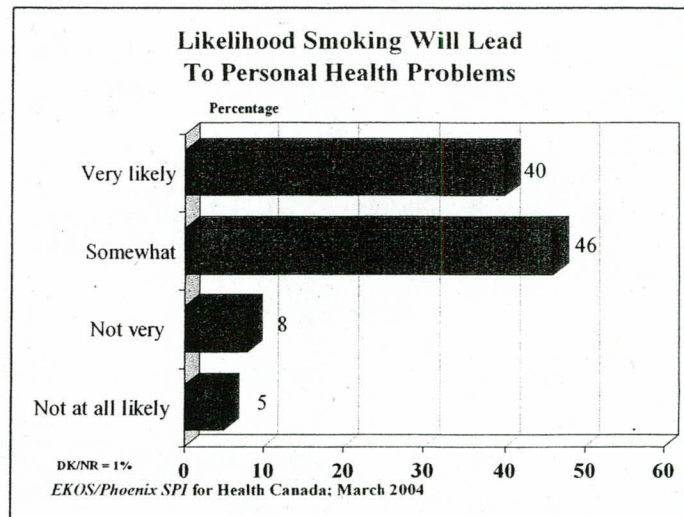


Most Think Smoking Will Cause Personal Health Problems

When the focus shifts to the health of respondents themselves, their perceptions about the effects of smoking hardly change at all. Fully 86% said it is at least somewhat likely that smoking will lead to health problems for them (40% said it is very likely).

The results in this section suggest that respondents may tend to associate or link various health-related issues or consequences related to smoking. Although four distinct issues were explored in this section, similar proportions of respondents (86-93%) perceived similar levels or degrees of consequences for each of them. This

suggests that surveyed smokers may not differentiate very much between the health impacts of smoking – whether at the societal or personal level, or direct vs. indirect delivery (i.e. SHS).

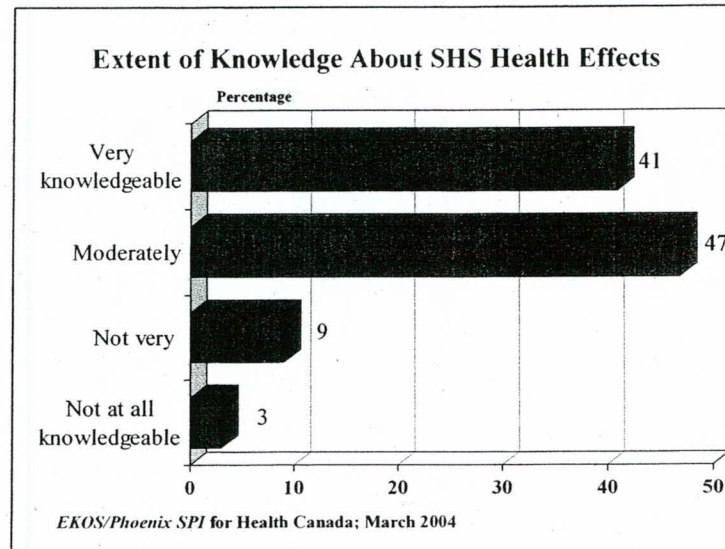


SECOND-HAND SMOKE

This section presents results related to respondent perceptions about second-hand smoke, including the perceived health effects of SHS.

Most View Themselves as Knowledgeable About Health Effects of SHS

The vast majority of surveyed smokers consider themselves to be moderately (47%) or very (41%) knowledgeable about the health effects of second-hand smoke.



The following were most likely to claim to be very knowledgeable about the health effects of second-hand smoke (note: national average is 41%):

Type of Smoking Parent	%	Compared to ...	%
Higher educated (post-sec. degree)*	45	Less educated (some HS education)	33
Women	45	Men	38
Long-term smokers (over 20 yrs.)*	45	Shorter-term smokers (10 yrs. or less)	33
Anglophones	44	Francophones	30
Smokers outside Quebec	40-46	Quebecers	33
Older smokers (over 30 yrs.)	40-45	Young smokers (under 30 yrs.)	33

* There is a linear relationship – as one goes up, the other goes down.

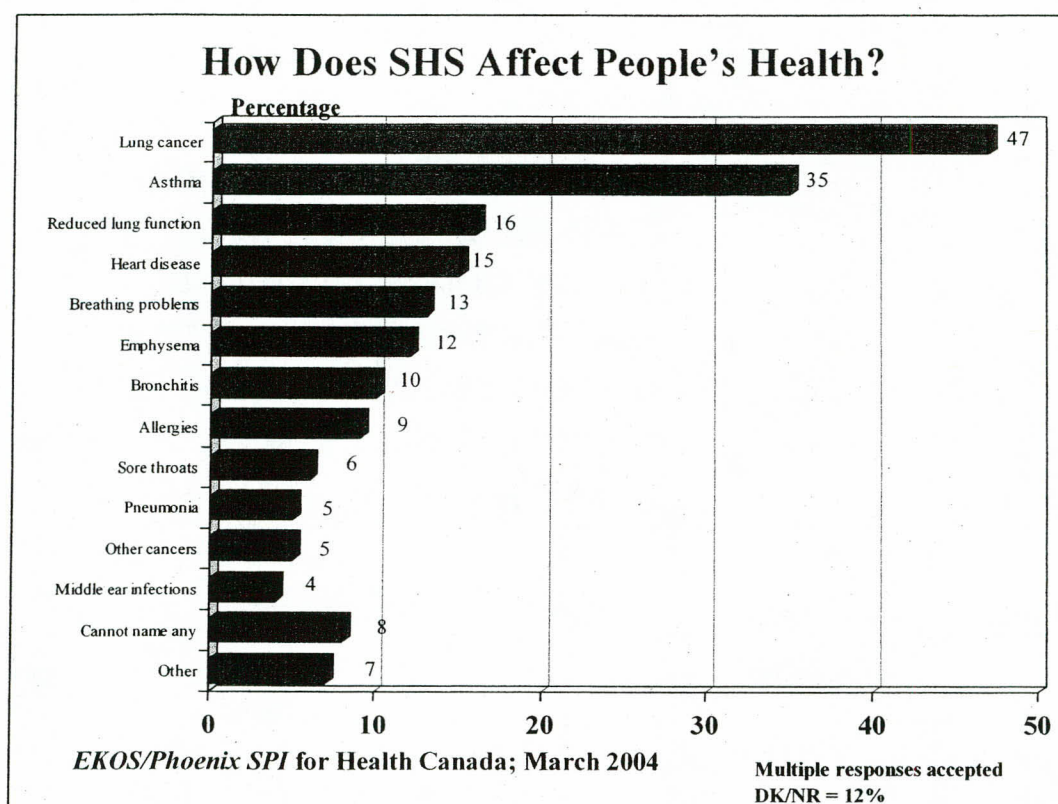
Lung Cancer & Asthma Identified Most Often as Health Effects of SHS

When asked in an open-ended manner to identify the ways, if any, that inhaling second-hand smoke can affect people's health, respondents pointed most often to lung cancer (47%) and asthma (35%). This was followed, at a distance, by a series of health conditions cited with similar frequency, including reduced lung function (16%), heart disease (15%),

general breathing problems (13%), emphysema (12%), bronchitis (10%), and allergies (9%).

Smaller numbers link it with sore throats (6%), pneumonia (5%), throat, mouth and liver cancer (5%), and middle ear infections (4%). Eight percent could not name any health impacts and 2% said there were none.

Included in the 'other' category are croup, sudden Infant Death Syndrome, gum disease, diabetes, headaches, eating disorders, fatigue, aging, tar in lungs, yellow or bad teeth, blood disorders and strokes, and problems with pregnancies.



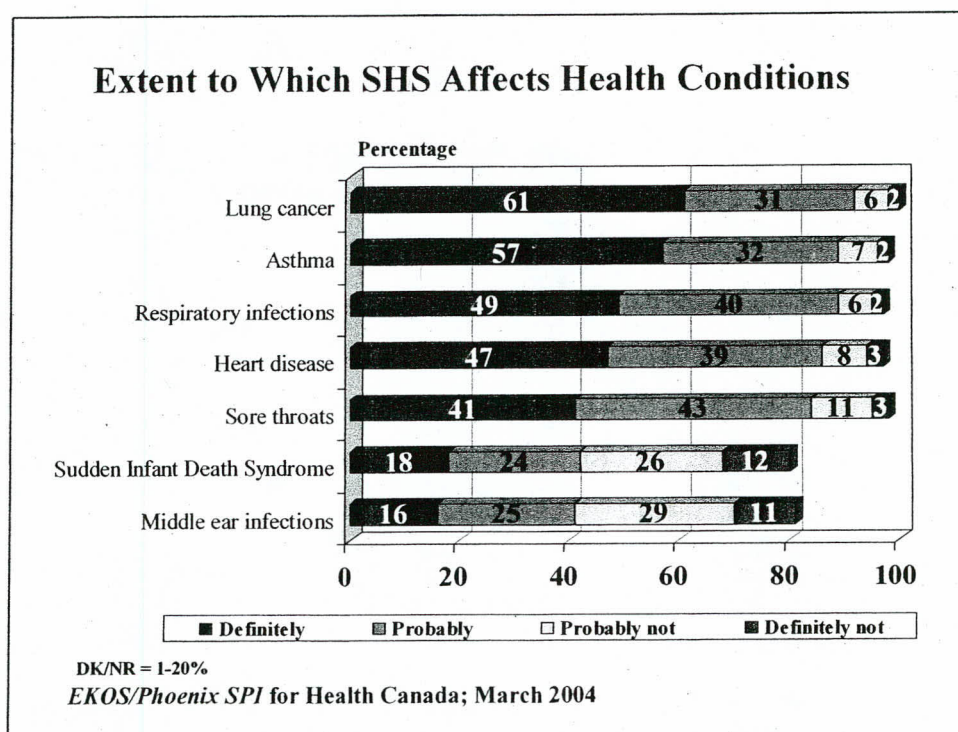
Following this, surveyed smokers were asked about the extent to which second-hand smoke contributes to certain specific health problems. They were asked whether they thought second-hand smoke definitely, probably, probably did not, or definitely did not contribute to the following conditions:

- Asthma
- Middle ear infections
- Sudden Infant Death Syndrome
- Lung cancer
- Heart disease
- Sore throats

- Respiratory infections

The large majority think that second-hand smoke contributes to most of these conditions. Almost equal numbers believe it contributes to lung cancer (92%), asthma and respiratory infections (89% each). In all three cases, respondents were more likely to say that SHS *definitely* contributes to these conditions (49-61%), as opposed to probably contributes.

Strong and almost equal majorities also think it contributes to heart disease (86%) and sore throats (84%), although in the case of heart disease they were more likely to think that this was definitely so, while in the case of sore throats they were slightly more likely to say that this was probably so.



Respondents were divided about the impact of second-hand smoke on the remaining two conditions. Slightly more felt that second-hand smoke contributes to Sudden Infant Death Syndrome than didn't (42% vs. 38%), while respondents were similarly divided over the impact of SHS on middle ear infections (41% vs. 40%). In both of these cases, 20% said they did not know and declined to speculate.

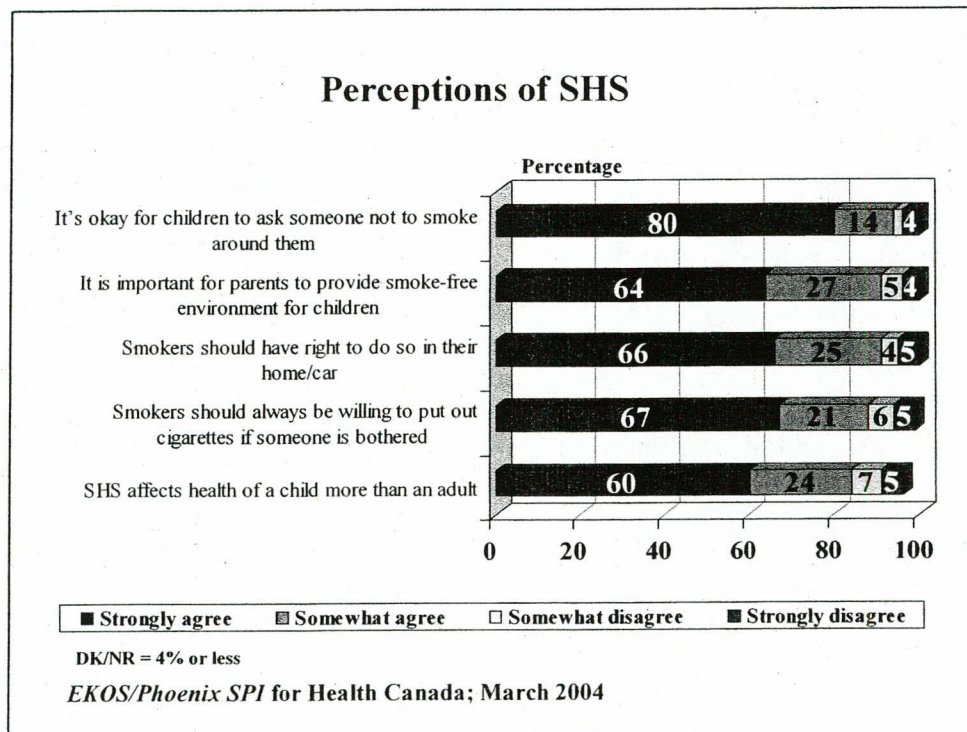
Attitudes Regarding Second-Hand Smoke-Related Issues

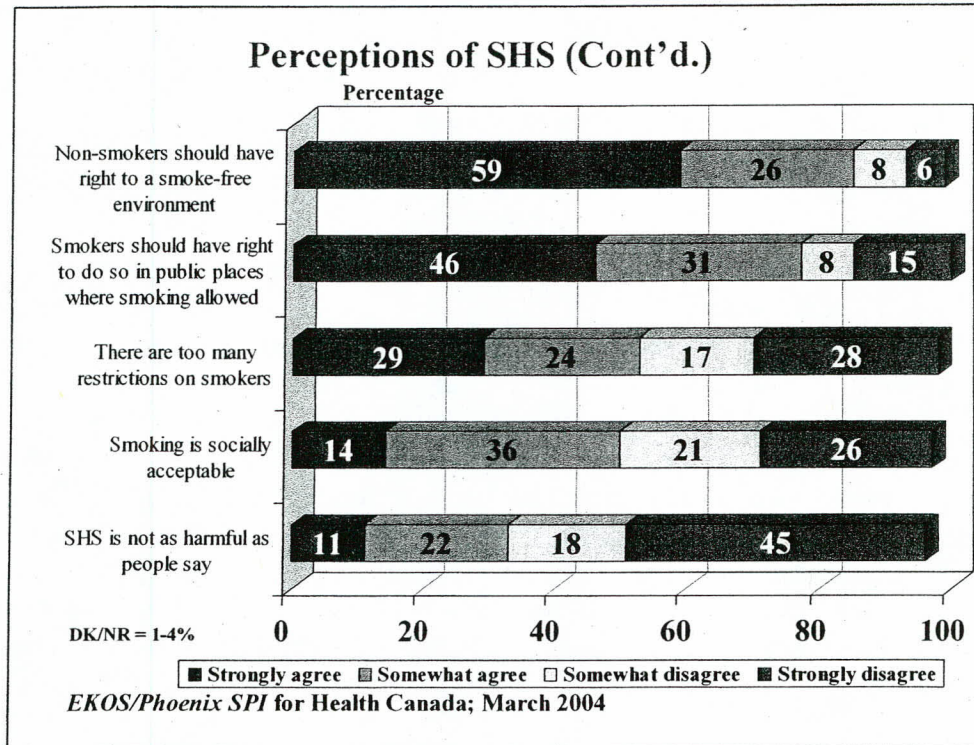
Respondents were asked to express their level of agreement with a number of statements on second-hand smoke and related issues. They were asked whether they strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements:

- It's okay for children to ask someone not to smoke around them, including their parents.
- Second-hand smoke affects the health of a child more than the health of an adult.

- Second-hand smoke is not as harmful as some people say.
- There are too many restrictions on smokers.
- Smoking is socially acceptable.
- People who smoke should always be willing to put out their cigarettes if someone near them is bothered by the smoke.
- People who smoke should have the right to do so in their home or car.
- People who don't smoke should have the right to a smoke-free environment in any public place.
- People who smoke should have the right to do so in any public place where smoking is allowed.
- It is important for parents to provide a completely smoke-free environment for their children.

Strong majorities agreed with most of these statements. Among the statements which elicited the highest levels of agreement were statements related to children. Almost everyone (94%) agreed that it's okay for children to ask someone not to smoke around them (80% expressed strong agreement), and that it is important for parents to provide a completely smoke-free environment for their children (91%). Almost as many (84%) agreed that second-hand smoke affects the health of a child more than the health of an adult.





There was also widespread agreement on issues related to the rights of non-smokers. Fully 88% agreed that people who smoke should always be willing to put out their cigarettes if someone near them is bothered, and 85% agreed that people who don't smoke should have the right to a smoke-free environment in any public place (59-67% strongly agreed with these two statements). Conversely, 91% think that people who smoke should have the right to do so in their own home or car. Moreover, just over three-quarters (77%) agreed that people who smoke should have the right to do so in any public place where smoking is allowed, while nearly one-quarter (23%) disagreed with this statement.

There was less agreement on the remaining issues. While nearly two-thirds (63%) disagreed with the statement that second-hand smoke is not as harmful as some people say, one-third agreed with it (although agreement was twice as likely to be moderate than strong).

Respondents were divided over the remaining issues. Slightly more than half (53%) agreed that there are too many restrictions on smokers, while 45% disagreed. Similarly, while half agreed that smoking is socially acceptable, 47% disagreed.

CHARACTERISTICS OF PARTICIPANTS

The following table presents the characteristics of survey participants:

CHARACTERISTICS OF RESPONDENTS		PERCENTAGE ¹	
AGE			
30 years and under		20	
31 to 40		35	
41 to 50		33	
Over 50 years		6	
GENDER			
Female		51	
Male		49	
MARITAL STATUS			
Married/common law		71	
Single		14	
Separated/divorced/widowed		14	
CUSTODY			
Full-time		84	
Part-time		9	
AGE AND GENDER OF CHILDREN			
	Under 6 years	6 to 12 years	13 years and over
Male	16	20	21
Female	18	18	15
Both	5	10	4
LEVEL OF EDUCATION			
Some/completed university		19	
Some/completed college/CEGEP		34	
Graduated high school		31	
Some high school		16	
HOUSEHOLD INCOME			
\$100,000 and over		9	
\$80,000 to \$99,999		8	
\$60,000 to \$79,999		12	
\$40,000 to \$59,999		21	
\$20,000 to \$39,999		22	
Less than \$20,000		10	

¹ DK/NR are not included in the table. Therefore, percentages may not total 100.

CHARACTERISTICS OF RESPONDENTS	PERCENTAGE
EMPLOYMENT STATUS	
Employed Full-Time	55
Self-employed	12
Homemaker	9
Employed Part-Time	9
Unemployed	6
Student	4
Other	4
PRIMARY LOCATION OF WORK (N=615; asked of those employed)	
Home	11
Elsewhere	88
URBAN VS. RURAL	
Urban	74
Rural	26
LANGUAGE	
English	80
French	20
REGION	
Atlantic Canada	8
Quebec	23
Ontario	39
Prairies	17
BC and Territories	13
ABORIGINAL PERSON	
Yes	8
No	91

SUBGROUP VARIATIONS

Presented below are subgroup variations based on various characteristics of respondents. The focus was on the most important issues explored through the survey. While many different subgroups were examined, only those that revealed noticeable tendencies or patterns are discussed below. Respondent subgroups that did not reveal such differences, and are therefore not discussed below, include the marital status of smokers, the gender of the children living in the home, and the primary place of work (home or elsewhere). Regional differences are not discussed as they tend to replicate linguistic ones, which are discussed (i.e. the differences were between Quebec and the rest of the country, and the latter tended to hold the same views and exhibit similar behaviour).

General Overview

Overall, subgroup differences and patterns were strongest regarding smoking-related behaviour (i.e. not attitudes). These differences were most evident and most consistent in relation to the smoking habits and tendencies of parents. These included the amount and frequency of smoking, length of time smoking, number of smokers in the home, and consideration given to quitting. Regular smokers, heavy smokers, those who have been smoking for longer, those who are not the only smoker in the home, and those who are not seriously considering quitting were more likely to frequently smoke in their car and home, and less likely to impose restrictions in these places. They were all less likely to say they restrict smoking when children are around, and more likely to say that their children are frequently exposed to SHS. The only other group to mirror this pattern of behaviour completely was parents with older children. Smoking-related behaviour was also influenced by education, income, and to a lesser extent, age. Restrictions on smoking tended to increase with education and income, or be more prevalent among those with more education and higher income. Conversely, restrictions tended to decrease with age or be less likely among the oldest smokers. Linguistic and regional differences followed the same pattern with Quebecers and Francophones routinely less likely to impose restrictions on smoking.

Amount of Smoking

For the purposes of analysis, smokers were categorized as light (1-10 cigarettes), medium (11-19 cigarettes) or heavy smokers (20 or more cigarettes) based on the number of cigarettes smoked per day.

Overview

Many of the behaviours and attitudes exhibited by smokers tended to increase or decrease with the amount smoked. In some instances, this tended to divide light/medium smokers from heavy smokers or light smokers from medium/heavy smokers. The likelihood of smoking frequently in the car and home increased with the amount of smoking, as did the likelihood that children were frequently breathing second-hand smoke in the home. The likelihood of imposing restrictions on smoking in both places decreased as the amount of smoking increased, including the likelihood of restricting smoking in the home when

children are around. In terms of attitudes, the likelihood of attributing importance to the effect of SHS on their children as a reason for restricting smoking in the home decreased as the amount smoked increased, as did strong agreement that it is important for parents to provide a smoke-free environment for their children. Heavier smokers were less convinced of the dangers of second-hand smoke. Medium/heavy smokers were more likely to agree that SHS is not as dangerous as some people say, while heavy smokers were less likely to see exposure to SHS as a serious health problem. The likelihood of perceiving exposure to SHS as a hazard decreased as smoking increased

Smoking in Car

The likelihood of smoking often ('always' and 'frequently') in the following situations increased with the amount of smoking:

- in the car in general (from 24% of light to 69% of heavy smokers).
- with adult passengers (from 28% to 57%).
- with children under 18 in the car (from 8% to 21%).

The likelihood of imposing restrictions on smoking in the car decreased as smoking increased (54%-36%). Light and medium smokers were more likely to impose restrictions when children were present (72%-79% vs. 60% of heavy smokers). The likelihood of *never* smoking in the car was highest among light smokers (36% vs. 13-16% of others), and light/medium smokers were more likely to identify the presence of children as the reason for this (45%-49% vs. 26% of heavy smokers). The likelihood of smokers saying that their children *never* breathe SHS in their car decreased as smoking increased (from 86%-52%).

Smoking in Home

As with smoking in the car, the likelihood of smoking frequently in the home increased significantly with the amount smoked (from 31%-65%). Light and medium smokers were more likely to restrict smoking in their home (70-74% vs. 57%), and to have parts of their home where smoking is not permitted (80-81% vs. 64%). The likelihood of implementing restrictions in a general way (i.e. smoking not permitted in *any* part of the home) decreased as smoking increased (from 62-29%). The likelihood of situations or times of day when smoking is not permitted in the home also decreased as smoking increased (from 60%-33%).

Those who restrict smoking in their home, regardless of the amount smoked, were similarly likely to identify children as the reason (60-64%). That said, the likelihood of smokers saying that their children are breathing in SHS at least a few times a week increased significantly with smoking (from 30%-63%). Moreover, the likelihood of frequently restricting smoking in the home when children are around decreased as smoking increased (from 75%-50%), and heavy smokers were twice as likely to say they *never* do this (24% vs. 11-12% of others).

Medium and heavy smokers were more likely to have tried all methods asked about for reducing the amount of SHS in the home. Light and medium smokers were more likely to

say that there is agreement in the household on whether or not smoking should be restricted in the home (73-74% vs. 56% of heavy smokers).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, the likelihood of attributing importance to the effect of SHS on themselves as a reason was highest among light smokers (64% vs. 44-46% of others). The importance attributed to the effect of SHS on their children decreased slightly as smoking increased (from 93-85%). Light and medium smokers were more likely to qualify exposure to SHS as a serious health problem (89% each vs. 82% of heavy smokers). The likelihood of perceiving exposure to SHS as a hazard decreased slightly as smoking increased (from 88-82%), and light smokers were more likely to qualify it as a significant hazard (55% vs. 42-43% of others).

Light and moderate smokers were more likely to agree that SHS affects the health of children more than the health of adults (86% vs. 80% of heavy smokers). Agreement that it is important for parents to provide a smoke-free environment for their children decreased slightly as smoking increased (from 94-85%), with strong agreement decreasing even more (from 74-50%). Agreement that SHS is not as harmful as some people say was higher among medium and heavy smokers (35-38% vs. 28%), as was agreement that smokers should have the right to smoke in their cars and homes (93-94% vs. 88%).

Identification of lung cancer and asthma as health effects of inhaling second-hand smoke decreased as smoking increased (from 52-39% for cancer, and from 39-30% for asthma).

Smoking Frequency

In the following note, the term 'regular smoker' is used to designate someone who said that he/she smokes every day, while 'occasional smoker' is used to denote those who do not smoke every day.

Overview

Differences based on smoking frequency were less subject to a clear pattern though, overall, occasional smokers were stricter about restricting smoking and more sensitive to the effects of second-hand smoke. Regular smokers were much more likely to smoke in their car and home. While similarly likely to restrict smoking in their car, occasional smokers were more likely to do so in their home. This included restricting smoking when children are around. While both groups expressed similar levels of agreement on smoking-related issues, occasional smokers did so with more intensity. They were more likely to attribute extreme importance to the effects of SHS on their children as a reason for restricting smoking in the home, more likely to view exposure to SHS as a very serious health problem and a significant hazard, and more likely to strongly agree that SHS affects children more than adults, and that it is important for parents to provide a smoke-free environment for their children.

Smoking in Car

Regular smokers were much more likely to frequently smoke in their car (49% vs. 15% of occasional smokers) and with adult passengers (43% vs. 25%). Regular smokers were more likely to impose restrictions on smoking in the car when children are present (69% vs. 42%). Occasional smokers were more likely to *never* smoke in their car (52% vs. 22%), and to identify the presence of children as the reason (51% vs. 44%). They were also more likely to say that their children *never* breathe SHS in the car (89% vs. 68%).

Smoking in Home

As with smoking in the car, regular smokers were much more likely to frequently smoke in their home (51% vs. 19%). Occasional smokers were more likely to:

- restrict smoking in their home (75% vs. 66%).
- have parts of their home where smoking is not permitted (81% vs. 74%).
- have a prohibition against smoking in all parts of the home (66% vs. 45%).
- say there are situations or times of the day when smoking is not permitted (64% vs. 46%).

Those who restrict smoking in their home, regardless of the frequency of smoking, were similarly likely to identify children as the reason why. However, the likelihood of saying that their children are breathing in SHS at least a few times a week was much higher among regular smokers (49% vs. 20%). As well, occasional smokers were more likely to frequently restrict smoking in the home when children are around (77% vs. 62%).

Regular smokers were more likely to have tried all methods asked about for reducing the amount of SHS in the home. Occasional smokers were more likely to say that there is agreement in the household on whether or not smoking should be restricted in the home (75% vs. 67%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, occasional smokers were much more likely to attribute importance to the effect of SHS on themselves as a reason (76% vs. 52%). Regular and occasional smokers were similarly likely to attribute importance to the effect of SHS on their children as a reason, but occasional smokers were more likely to attribute high importance to this (90% vs. 83%). Regular and occasional smokers were similarly likely to qualify exposure to SHS as a serious health problem and a hazard, but occasional smokers were more likely to see it as *very* serious (64% vs. 55%) and a *significant* hazard (57% vs. 47%).

Occasional smokers were somewhat more likely to claim to be knowledgeable about the health effects of SHS (92% vs. 87%). While both groups were almost equally likely to agree that SHS affects the health of children more than the health of adults, occasional smokers were more likely to strongly agree (68% vs. 59%). They were also more likely to strongly agree that it is important for parents to provide a smoke-free environment for their children (80% vs. 61%). Regular smokers were more likely to agree that SHS is not as

harmful as some people say (34% vs. 27%), and that smokers should have the right to smoke in their cars and homes (92% vs. 85%).

Occasional smokers were more likely to identify lung cancer as a health effect of inhaling second-hand smoke (52% vs. 45%).

Length of Time Smoking

For the purposes of analysis, smokers were divided into three groups based on the length of time they have been smoking: 10 years or less, 11-20 years, and over 20 years. The expression 'long-term smokers' designates those who have been smoking for over 20 years, and 'shorter-term smokers' denotes those who have been smoking for 20 years or less.

Overview

There were consistent patterns based on the amount of time smoking. The likelihood of smoking often in the car and home increased as the length of time smoking increased, while shorter-term smokers were more likely to impose restrictions on smoking in both places. Shorter-term smokers also tended to be more attuned to the effects of SHS on their children. They were more likely to identify children as the reason for restricting smoking in the home, restrict smoking in the home when children were around, attribute high importance to the effects of SHS on their children as a reason for restricting smoking in the home, and strongly agree that SHS affects the health of children more than adults and that it is important for parents to provide a smoke-free environment for their children. Conversely, long-term smokers were less likely to see exposure to SHS as a serious problem or hazard. As well, the perception that lung cancer and asthma are health effects of exposure to SHS decreased as the amount of time smoking increased.

Smoking in Car

The likelihood of smoking frequently in the car increased with the length of time smoking (from 33%-51%). As well, long-term smokers were most likely to:

- frequently smoke with adult passengers (46% vs. 37-39%); and
- children under 18 in the car (19% vs. 11-12%).

Shorter-term smokers were most likely to:

- impose restrictions on smoking in the car (47-50% vs. 36%); and
- say that their children *never* breathe SHS in their car (74-78% vs. 62%).

Those who have been smoking for 10 years or less were the most likely to *never* smoke in their car (36% vs. 22-24% of others).

Smoking in Home

As with smoking in the car, the likelihood of smoking often in the home increased with the length of time smoking (from 32%-59%). Smokers, regardless of the amount of time smoking, were similarly likely to restrict smoking in their home and to have parts of their

home where smoking is not permitted. However, shorter-term smokers were most likely to prohibit smoking in all parts of the home (54% vs. 38% of long-term smokers).

Shorter-term smokers were also most likely to:

- say there are situations or times of day when smoking is not permitted in the home (50-51% vs. 42% of long-term smokers).
- identify children as the reason for restricting smoking in the home (64-65% vs. 56%).
- frequently restrict smoking when children are around (67-68% vs. 55%).

The likelihood of saying that their children are breathing in SHS at least a few times a week increased with time smoking (from 37%-56%).

Long-term smokers were most likely to have tried all methods asked about for reducing the amount of SHS in the home. Shorter-term smokers were somewhat more likely to say there is agreement in the household on whether or not smoking should be restricted in the home (70% vs. 64%).

Attitudes & Knowledge Regarding SHS

Smokers, regardless of the length of time smoking, were similarly likely to attribute importance to the effect of SHS on themselves and their children as reasons for restricting smoking in their homes. However, shorter-term smokers were more likely to:

- attribute high importance to the effect of SHS on their children (84-87% vs. 76%).
- qualify exposure to SHS as a serious health problem (89-91% vs. 81%).
- perceive it as a hazard (88% vs. 81%).

The likelihood of viewing themselves as *very* knowledgeable increased with the amount of time smoking (from 35-45%). Conversely, strong agreement that SHS affects the health of children more than adults decreased with the amount of time smoking (from 65-55%) as did strong agreement that it is important for parents to provide a smoke-free environment for their children (from 72-53%). Agreement that SHS is not as harmful as some people say was higher among those who have been smoking for 11 years or more (36% vs. 25% of others). There was almost identical agreement that smokers should have the right to smoke in their cars and homes, but strong agreement increased with the amount of time smoking (from 62-70%).

Identification of lung cancer and asthma as health effects of inhaling SHS decreased as length of time smoking increased (from 54-40% for cancer, and 38-32% for asthma).

Seriously Considering Quitting

Overview

Differences between smokers seriously considering quitting within the next six months, and those not tended to be clear-cut. Those not seriously considering quitting were more likely to frequently smoke in their car and home, while those considering quitting were

more likely to restrict smoking in both places. Those considering quitting were also more likely to emphasize the effects of SHS. They were more likely to attribute importance to the effects of SHS on themselves and their children as reasons for restricting smoking in their home and to qualify exposure to SHS as a very serious problem and a significant hazard. They were also more likely to strongly agree that SHS affects the health of children more than adults and that it is important for parents to provide a smoke-free environment for their children. Conversely, those not seriously considering quitting were more likely to agree that SHS is not as harmful as some people say and that smokers should have the right to smoke in their car and home.

Smoking in Car

Smokers who are not seriously considering quitting were more likely to frequently:

- smoke in their car (48% vs. 41%).
- do so with adult passengers (49% vs. 35%).
- do so with children under 18 in the car (18% vs. 11%).

Those seriously considering quitting were more likely to impose restrictions on smoking in the car (48% vs. 38%), but both groups were almost equally likely to have restrictions when children are present. They were also similarly likely to *never* smoke in their car, but those considering quitting were more likely to identify the presence of children as the reason why (47% vs. 39%). The likelihood of saying that their children *never* breathe SHS was higher among those considering quitting (74% vs. 68%).

Smoking in Home

As with smoking in the car, smokers not seriously considering quitting were more likely to frequently smoke in their home (53% vs. 42%). Those considering quitting were more likely to:

- restrict smoking in their home (72% vs. 60%).
- have parts of their home where smoking is not permitted (80% vs. 65%).
- prohibit smoking in all parts of the home (51% vs. 43%).
- say there are situations/times of day when smoking is not permitted in the home (52% vs. 42%).

Among those who restrict smoking in their home, both groups were similarly likely to identify children as the reason why. However, those not considering quitting were more likely to say that their children are breathing in SHS at least a few times a week (50% vs. 41%), and those considering quitting were more likely to frequently restrict smoking in the home when children are around (68% vs. 57%).

Those considering quitting were more likely to say that there is agreement in the household on whether or not smoking should be restricted in the home (73% vs. 61%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, those considering quitting were more likely to:

- attribute importance to the effect of SHS on themselves (59% vs. 48%) and their children (91% vs. 84%) as reasons for this.
- qualify exposure to SHS as a very serious health problem (65% vs. 43%), and a significant health hazard (56% vs. 37%).

While almost equally likely to agree that SHS affects the health of children more than the health of adults, those considering quitting were more likely to strongly agree with this (63% vs. 54%). They were also much more likely to strongly agree that it is important for parents to provide a smoke-free environment for their children (72% vs. 52%). Those not considering quitting were more likely to agree that SHS is not as harmful as some people say (43% vs. 27%) and to strongly agree that smokers should have the right to smoke in their cars and homes (76% vs. 61%).

Those seriously considering quitting were more likely to identify lung cancer as a health effect of inhaling second-hand smoke (52% vs. 39%), as well as asthma (39% vs. 30%).

Number of Smokers in Household

The following note describes differences between those who are the only smoker in their home ('sole smokers') and those who are not.

Overview

Differences based on the number of smokers in the home were clear cut regarding behaviour but less so regarding attitudes. Parents who are not the only smoker in their home were more likely to frequently smoke in their car and home, while sole smokers were more likely to restrict smoking in both places. In terms of attitudes, both were similarly likely to qualify exposure to SHS as a serious health problem and a hazard, and to agree that SHS affects the health of children more than the health of adults. Sole smokers were much more likely to attribute importance to the effects of SHS on themselves as a reason for restricting smoking in their home and to attribute high importance to its effect on their children. They were also more likely to strongly agree that it is important for parents to provide a smoke-free environment for their children. Those who are not the only smoker in the home were more likely to agree that smokers should have the right to smoke in their car and home.

Smoking in Car

Those who are not the only smoker in their household were more likely to frequently:

- smoke in their car (48% vs. 40%).
- do so with adult passengers (50% vs. 32%).
- do so with children under 18 in the car (18% vs. 10%).

Sole smokers were more likely to:

- impose restrictions on smoking in the car (48% vs. 40%).
- impose restrictions on smoking when children are present (70% vs. 62%).
- never smoke in the car (30% vs. 23%).
- say that their children never breathe SHS in the car (79% vs. 62%).

Smoking in Home

Those who are not the only smoker were much more likely to frequently smoke in their home (55% vs. 38%). Sole smokers were more likely to:

- restrict smoking in their home (70% vs. 64%).
- have parts of their home where smoking is not permitted (79% vs. 70%).
- prohibit smoking in all parts of the home (57% vs. 37%).
- say there are situations/times of day when smoking is not permitted in the home (54% vs. 41%).

Among those who restrict smoking in their home, both groups were almost equally likely to identify children as the reason why. However, those who are not the only smoker were much more likely to say that their children are breathing in SHS at least a few times a week (54% vs. 35%), and sole smokers were more likely to frequently restrict smoking in the home when children are around (68% vs. 59%).

Those who are not the only smoker were more likely to have tried all methods asked about for reducing the amount of SHS in the home. Sole smokers were more likely to say there is agreement in the household on whether smoking should be restricted in the home (72% vs. 64%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, sole smokers were much more likely to attribute importance to the effect of SHS on themselves as a reason (63% vs. 47%), and high importance to the effect of SHS on their children (87% vs. 79%).

Both groups were similarly likely to qualify exposure to SHS as a serious health problem, perceive exposure to SHS as a hazard, and agree that SHS affects the health of children more than the health of adults.

Sole smokers were more likely to strongly agree that it is important for parents to provide a completely smoke-free environment for their children (69% vs. 58%). Those who are not the only smoker were more likely to agree that smokers should have the right to smoke in their cars and homes (95% vs. 88%).

Age

For the purposes of analysis, smokers were divided into four age groups: under 30, 30-39, 40-44, and 45 and older.

Overview

Differences based on age tended to divide the oldest smokers (45 and older) from the younger ones, though some differences tended to increase or decrease with age. The likelihood of restricting smoking in the car was similar among smokers of all ages except the eldest where it was lower. This was also the case in the home regarding the likelihood of having places and times when smoking is not permitted. In terms of attitudes, smokers of all ages except the eldest were similarly likely to identify children as the reason for restricting smoking in the home, attribute importance to the effects of SHS on their children as the reason for restricting smoking, and strongly agree that SHS affects the health of children more than that of adults. The oldest smokers were least likely to do all these things. The oldest smokers were also less likely to perceive exposure to SHS as a serious health problem and a hazard. The likelihood of frequently smoking in the home and the perception that SHS is not as harmful as some people say increased with age. Conversely, strong agreement that it is important for parents to provide a smoke-free environment for their children decreased with age.

Smoking in Car

The likelihood of imposing restrictions on smoking in the car was similar in all age groups (44-46%) except the oldest (35%). The likelihood of *never* smoking in the car was highest among the youngest parents (32% vs. 25-27% of others), while parents between 30-39 were most likely to identify the presence of children as the reason why they never smoke in their car (53% vs. 34-42% of others) and say that their children *never* breathe SHS in their car (78% vs. 68-72% of others).

Smoking in Home

The likelihood of smoking frequently in the home increased with age (from 37-53%). The likelihood of restricting smoking in the home did not vary much by age, but the likelihood of restricting smoking when children are around was highest among the youngest parents (73% vs. 60-64% of older parents). The following were similar in all age groups except the oldest:

- having parts of the home where smoking is not permitted (76-77% vs. 69%).
- having situations/times of day when smoking is not permitted in the home (49-52% vs. 43%).
- the likelihood of identifying children as the reason for the restriction of smoking in the home (60-67% vs. 49%).
- saying that their children are breathing in SHS at least a few times a week (39-44% vs. 50%).

The oldest smokers were more likely to have tried most methods asked about for reducing the amount of SHS in the home, with the exception of air freshener and smoking behind closed doors (tried most by the youngest smokers).

Attitudes & Knowledge Regarding SHS

The likelihood of attributing importance to the effect of SHS on themselves as a reason for restricting smoking increased with age until 45 (from 49-63%) then dropped again (49%). The following were similar in all age groups except the oldest:

- the importance of the effect of SHS on their children as a reason for restricting smoking in the home (89-93% vs. 81%).
- perceiving exposure to SHS as a serious health problem (87-91% vs. 77%), and as a health hazard (85-92% vs. 76%).

Parents in all age groups were almost equally likely to agree that SHS affects the health of children more than that of adults, but the oldest smokers were least likely to strongly agree with this (54% vs. 61-63% of others). Agreement that it is important for parents to provide a smoke-free environment for their children was also similar, but strong agreement decreased with age (from 72%-53%). Conversely, agreement that SHS is not as harmful as some people say increased with age (from 26-40%). Strong agreement that smokers should have the right to smoke in their cars and homes was highest among the oldest smokers (72% vs. 65% of others).

Identification of lung cancer as a health effect of inhaling SHS decreased with age (from 56-35%).

Education

In the following note, the expression 'higher educated' designates those with at least some post-secondary education, while the expression 'less educated' designates those with a high school diploma or less.

Overview

Differences in education were more evident in behaviours than attitudes. Differences in behaviour tended to increase or decrease with education, or divide the higher educated from the lower educated. Restrictive behaviour regarding smoking in the car and home either increased with education or was more likely among the higher educated. The likelihood of saying that their children *never* breathe SHS in their car and home increased with education or was higher among the higher educated. While the likelihood of considering themselves knowledgeable about SHS increased with education, attitudes and perceptions regarding SHS were similar regardless of education with two exceptions: the less educated were more likely to think that SHS is not as harmful as some people say, and the least educated to strongly agree that it is important for parents to provide a smoke-free environment for their children.

Smoking in Car

The likelihood of imposing restrictions on smoking in the car increased with education (from 33%-51%), as did the likelihood of identifying the presence of children as the reason for this (from 38-49%). The likelihood of saying that their children *never* breathe SHS in their car was higher among the higher educated (76-77% vs. 61-67%).

Smoking in Home

The likelihood of smoking frequently in the home decreased with education (from 60-37%). The following were more likely among the higher educated or increased with education:

- restriction of smoking in the home (75-76% vs. 62% of those with a high school diploma and 52% of those without).
- having parts of their home where smoking is not permitted (78-84% vs. 70% of the less educated).
- the likelihood of situations or times of day when smoking is not permitted in the home (from 33%-55%).
- the likelihood of always restricting smoking in the home when children are around (from 43-60%).
- the likelihood of saying that their children never breath SHS in the home (from 21-37%).

Among those who restrict smoking in their home, the most educated were most likely to identify children as the reason (65%), while the least educated were least likely to (56%). The likelihood of saying that their children breathe in SHS at least a few times a week was highest among the less educated (49-58% vs. 37-38%).

Those with some high school education were more likely to have tried all methods asked about for reducing the amount of SHS in the home with the exception of an air purifier. The likelihood of agreement in the household on whether smoking should be restricted in the home increased slightly with education (from 64-71%).

Attitudes & Knowledge Regarding SHS

While the likelihood of considering themselves knowledgeable about SHS increased with education (from 84-93%), attitudes regarding SHS were similar regardless of education with two exceptions: the less educated were more likely to agree that SHS is not as harmful as some people say (35-37% vs. 28-31%), and the least educated were less likely to strongly agree that it is important for parents to provide a smoke-free environment for their children (54% vs. 64-66% of others).

Income

For the purposes of analysis, respondents were divided into four household income brackets: less than 20K per year, 20-39K per year, 40-59K per year, and 60K or more per year. In the note that follows, the expression 'higher income Canadians' will be used to designate those earning 40K or more per year, and the expression 'lower income Canadians' will be used to designate those earning less than this.

Overview

As with education, differences based on income tended to be more evident in behaviour than in attitudes. The likelihood of imposing restrictions on smoking in the car and home increased with income. The likelihood of smoking frequently in the home decreased as income increased, as did the likelihood of saying that their children frequently breathe in

SHS. Among those who restrict smoking in their home, the likelihood of attributing importance to the effect of SHS on their children was virtually identical in all income groups except the lowest. Lower-income Canadians were more likely to qualify exposure to SHS as a serious health problem and slightly more likely to perceive exposure to SHS as a hazard. Claims to be knowledgeable about the health effects of SHS increased slightly with income but perceptions on other issues did not vary much based on income.

Smoking in Car

The likelihood of imposing restrictions on smoking in the car increased with income (from 32%-52%), as did the likelihood of saying that their children *never* breathe SHS in their car (from 68%-77%). Among those who *never* smoke in their car, those with the highest income were more likely to identify the presence of children as the reason why (51% vs. 39-43%).

Smoking in Home

The likelihood of smoking frequently in the home decreased significantly with income (from 63%-39%), while the likelihood of restricting smoking in their home increased (from 54% to 77%). Those with the highest income were most likely to have parts of their home where smoking is not permitted (82% vs. 70-74%). The likelihood of prohibiting smoking in all parts of the home increased with income (from 30% to 55%).

The likelihood of having situations or times of day when smoking is not permitted in the home also increased with income (from 33% to 57%). Those in all income groups except the lowest were similarly likely to identify children as the reason (63-65% vs. 57%). The likelihood of saying that their children are breathing in SHS at least a few times a week decreased significantly as income increased (from 61% to 35%). As well, the likelihood of frequently restricting smoking in the home when children are around increased with income (from 47% to 72%).

There was no pattern regarding use of the methods asked about for reducing the amount of SHS in the home except that the likelihood of having tried none of them increased with income (from 7% to 31%). Agreement in the household on whether smoking should be restricted in the home increased with income (from 63% to 75%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, the likelihood of attributing importance to the effect of SHS on their children was virtually identical in all income groups except the lowest (90-91% vs. 84%). Lower-income Canadians were more likely to view exposure to SHS as a serious health problem (93% vs. 83-87%) and a health hazard (88-91% vs. 84-85%).

Claims to be knowledgeable about the health effects of SHS increased slightly with income (from 84-91%), but perceptions on other issues did not vary.

Identification of lung cancer as a health effect of inhaling SHS increased with income (from 33-54%).

Language

Overview

Anglophones were more likely to impose restrictions of all sorts on smoking and to attribute importance to the effect of SHS on themselves and their children as reasons for restricting smoking in the home. Anglophones were also more likely to view exposure to SHS as a serious health problem and claim to be knowledgeable about the health effects of SHS. While almost identical numbers of Anglophones and Francophones agreed that SHS affects the health of children more than the health of adults, that it is important for parents to provide a smoke-free environment for their children, and that smokers should have the right to smoke in their cars and homes, Anglophones were more likely to *strongly* agree with all of these. Francophones were more likely to agree that SHS is not as harmful as some people say.

Smoking in Car

Anglophones were more likely to impose restrictions on smoking in the car (48% vs. 30%), although both groups were equally likely to restrict smoking when children are present. While Anglophones and Francophones were similarly likely to *never* smoke in their car, Anglophones were more likely to identify the presence of children as the reason why (47% vs. 30%). Anglophones were also more likely to say that their children *never* breathe SHS in their car (73% vs. 63%).

Smoking in home

Francophones were much more likely to smoke frequently in the home (63% vs. 41%), and say that their children are breathing in SHS at least a few times a week (69% vs. 38%). Anglophones were more likely (and usually *much* more likely) to do the following:

- restrict smoking in their home (72% vs. 47%).
- have parts of their home where smoking is not permitted (77% vs. 65%).
- prohibit smoking in all parts of the home (54% vs. 21%).
- say there are situations or times of day when smoking is not permitted in the home (54% vs. 26%).
- identify children as the reason for restricting smoking in the home (66% vs. 42%).
- say they frequently restrict smoking when children are around (68% vs. 46%).

Francophones were more likely to have tried all methods for reducing the amount of SHS in the home except smoking behind closed doors. Anglophones were more likely to say that there is agreement in the household on whether or not smoking should be restricted in the home (71% vs. 57%).

Attitudes & Knowledge Regarding SHS

Anglophones were more likely to attribute importance to the effect of SHS on themselves (58% vs. 42%) and their children (91% vs. 80%) as reasons for restricting smoking in the

home. Anglophones were also more likely to qualify exposure to SHS as a very serious health problem (59% vs. 49%) and a significant hazard (51% vs. 39%).

Anglophones were more likely to claim to be knowledgeable about the health effects of SHS (90% vs. 80%). While almost identical numbers agreed that SHS affects the health of children more than the health of adults, that it is important for parents to provide a smoke-free environment for their children, and that smokers should have the right to smoke in their cars and homes, Anglophones were much more likely to strongly agree with all these statements. Francophones were more likely to agree that SHS is not as harmful as some people say (40% vs. 31%).

Age of Children

The following note presents differences between parents with children who have at least one child under 6 years old in the home, and parents whose children in the home are all 13 or older. The expression 'parents of younger children' will be used for the former and the 'parents of older children' for the latter.

Overview

Parents of older children were more likely to smoke frequently in the car and home, while parents of younger children were more likely to impose restrictions in both places. Among those who restrict smoking in their home, parents of younger children were more likely to identify children as the reason why. They were also less likely to say that their children are breathing in SHS at least a few times a week, and more likely to restrict smoking in the home when children are around. Among those who restrict smoking in their home, parents of younger children were more likely to attribute importance to the effect of SHS on their children as a reason for doing this. Parents of younger children were more likely to agree that SHS affects the health of children more than that of adults and that it is important for parents to provide a smoke-free environment for their children.

Smoking in Car

Parents of older children were more likely to smoke frequently in the car (48% vs. 39%), and to do so frequently with children under 18 in the car (17% vs. 10%). Parents of younger children were more likely to impose restrictions on smoking in the car (53% vs. 39%) and to do so when children were present (74% vs. 64%). The likelihood of *never* smoking in the car was higher among parents of younger children (30% vs. 24%), and parents of younger children who *never* smoke in their car were more likely to identify the presence of children as the reason why (53% vs. 32%). These parents were also more likely to say that their children *never* breathe SHS in their car (79% vs. 65%).

Smoking in Home

As with smoking in the car, parents of older children were more likely to smoke often in the home (52% vs. 36%). Parents of younger children were more likely to restrict smoking in their home (77% vs. 63%), have parts of their home where smoking is not permitted (82% vs. 71%), and to prohibit smoking in all parts of the home (54% vs. 42%).

These parents were also more likely to say that there are situations or times of day when smoking is not permitted in the home (59% vs. 42%). Among those who restrict smoking, parents of younger children were more likely to identify children as the reason why (70% vs. 51%). They were also less likely to say that their children are breathing in SHS at least a few times a week (33% vs. 53%), and more likely to frequently restrict smoking when children are around (71% vs. 59%).

Parents of older children were more likely to have tried all methods for reducing the amount of SHS in the home. Parents of younger children were more likely to say there is agreement in the household on whether smoking should be restricted (73% vs. 64%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, parents of younger children were more likely to attribute importance to the effect of SHS on their children as a reason for doing this (94% vs. 82%). Parents of younger children were more likely to agree that SHS affects the health of children more than adults (90% vs. 81%), and that it is important for parents to provide a smoke-free environment for their children (94% vs. 88%).

Parents of younger children were more likely to identify lung cancer (54% vs. 44%) and asthma (39% vs. 34%) as health effects of inhaling second-hand smoke.

Custody

The following note presents differences between parents who have full-time or part-time custody of children. Caution should be exercised in interpreting these results due to the relatively small number of parents with part-time custody (n= 69).

Overview

While parents with full-time custody tended to impose more restrictions on smoking, those with part-time custody were more likely to focus on child-related restrictions. Parents with part-time custody were much more likely to impose restrictions on smoking in the car when children are present. These parents were also more likely to say that their children *never* breathe SHS in their car. Parents with full-time custody were more likely to restrict smoking in their home, have parts of their home where smoking is not permitted, and to prohibit smoking in all parts of the home. These parents were also more likely to say that there are situations or times of day when smoking is not permitted in the home, but more likely to say that their children are breathing in SHS at least a few times a week. Among those who restrict smoking in their home, parents with part-time custody were more likely to attribute importance to the effect of SHS on their children as a reason for doing this. Parents with part-time custody were more likely to strongly agree that SHS affects the health of children more than the health of adults, and that it is important for parents to provide a smoke-free environment for their children.

Smoking in Car

Parents with part-time custody were more likely to smoke frequently in the car (49% vs. 43%), but less likely to do so frequently with children under 18 in the car (9% vs. 14%).

Parents with part-time custody were only slightly more likely to impose restrictions on smoking in the car (50% vs. 45%), but much more likely to do so when children are present (85% vs. 64%). These parents were also more likely to say that their children *never* breathe SHS in their car (84% vs. 70%).

Smoking in Home

Parents with full-time custody were more likely to:

- restrict smoking in their home (68% vs. 62%).
- have parts of their home where smoking is not permitted (75% vs. 67%).
- prohibit smoking in all parts of the home (48% vs. 41%).
- say that there are situations or times of day when smoking is not permitted in the home (49% vs. 38%).

However, they were also more likely to say that their children are breathing in SHS at least a few times a week (47% vs. 29%).

Attitudes & Knowledge Regarding SHS

Among those who restrict smoking in their home, parents with part-time custody were slightly more likely to attribute high importance to the effect of SHS on their children as a reason for doing this (92% vs. 82%). While almost equally likely to perceive exposure to SHS as a serious health problem and a hazard to people's health, parent with part-time custody were more likely to view this as *very* serious and a *significant* hazard.

Parents with part-time custody were more likely to strongly agree that SHS affects the health of children more than that of adults (72% vs. 59%), and that it is important for parents to provide a smoke-free environment for their children (80% vs. 62%).

Parents with part-time custody were more likely to identify asthma (45% vs. 35%) and heart disease (29% vs. 14%) as health effects of inhaling second-hand smoke.

Gender

Overview

While there are differences between men and women smokers, there is no clear or consistent pattern distinguishing them.

Smoking in Car

Women were more likely to frequently smoke with adult passengers (45% vs. 37%) and children under 18 in the car (18% vs. 10%), but also more likely to impose restrictions on smoking in the car (48% vs. 41%). Women were more likely to *never* smoke in the car (30% vs. 23%), but men and women were similarly likely to identify the presence of children as the reason why. They were also equally likely to say that their children *never* breathe SHS in their car.

Smoking in Home

Women were more likely to smoke frequently in the home (52% vs. 39%), but men and women were similarly likely to restrict smoking and to have parts of their home where smoking is not permitted. Men were more likely to prohibit in all parts of the home (53% vs. 44%). Men were also more likely to say there were situations or times of day when smoking is not permitted (51% vs. 45%). Among those who restrict smoking in their home, men and women were equally likely to identify children as the reason for the restriction, but women were somewhat more likely to say that their children are breathing in SHS at least a few times a week (51% vs. 37%), and men to say they frequently restrict smoking in the home when children are around (67% vs. 61%).

Women were more likely to have tried all methods asked about for reducing the amount of SHS in the home.

Attitudes & Knowledge Regarding SHS

Women were more likely to view exposure to SHS as a serious health problem (90% vs. 84%) and as a health hazard (90% vs. 82%). Men were more likely to agree that SHS affects the health of children more than the health of adults (87% vs. 81%), but also that SHS is not as harmful as some people say (37% vs. 29%).

Women were more likely to identify asthma as a health effect of inhaling second-hand smoke (39% vs. 31%).

Rural vs. Urban Residents

Overview

Urban residents were more likely to impose restrictions on smoking. Beyond that, differences tended to be minimal.

Smoking in Car

Rural residents were more likely to frequently smoke in their car, while urban residents were more likely to:

- impose restrictions on smoking in their car (48% vs. 36%).
- *never* smoke in their car (29% vs. 19%).
- say that their children *never* breathe SHS in their car (75 vs. 60%).

Smoking in Home

Urban and rural residents were similarly likely to smoke frequently in the home, but urban residents were more likely to restrict smoking in their home (69% vs. 62%), and to say they frequently restrict smoking when children are around (67% vs. 55%).

Attitudes & Knowledge Regarding SHS

Attitudes and perceived knowledge concerning second-hand smoke did not vary very much between urban and rural residents.

Appendix

ADDITIONAL METHODOLOGICAL CONSIDERATIONS

The following table presents the provincial distribution of completed interviews, along with the national distribution of the population of Canada. Note that the final distribution is very similar to the provincial distribution of Canadians as a whole.

Provincial Distribution of Completed Interviews		
PROVINCE	Completed Survey Interviews	National Population Distribution
BC	12%	13%
Alberta	10%	10%
Saskatchewan	4%	3%
Manitoba	3%	4%
Ontario	39%	38%
Quebec	23%	24%
New Brunswick	2%	2%
Nova Scotia/PEI	4%	4%
Newfoundland	2%	2%
Yukon/NWT	1%	0%
Total	100%	100%

The following table presents call disposition information for this study, including the response rate (using the industry standard formula):

Call Results and Response Rates Table	
Total Sample	88119
Numbers not in service	9211
Duplicates	93
Business or Fax	3233
Blocked by Phone company	387
Total Functional Sample	75195
No answers	26843
Retired Calls	85
Other	197
Total Asked	48070
Refusals	32987
Cooperative Contacts	15083
Completes	805
Ineligible	13448
Quota filled	830
Response Rate (PMRS formula used)	20%

Note on Consistency of Results – SHS in Home/Car Survey

While there are some inconsistencies or discrepancies in the responses, these might sometimes be explained by an increase in the potential for overestimating smoking restrictions once children-related issues emerge explicitly in the survey. This research delved into a potentially sensitive area – the extent to which the health of children is affected by the smoking habits of respondents. Such a focus increases the possibility of respondents providing more socially-acceptable or politically-correct responses, particularly regarding the extent to which they restrict or regulate their smoking in the presence of children. The potential for overestimating smoking restrictions could be expected to increase once children-related issues emerged explicitly in the survey. When one looks at the table below regarding smoking in the car, this may well be the case. While less clear cut for smoking in the home, this might also be the case there.

One area where one would expect consistency is in the proportion of respondents who say their children are *never* exposed to SHS in the car/home, and the number who say that their children are *never* in a situation where they breathe SHS in the car/home. While the numbers in each case are not identical, they are generally similar. In total, 509 respondents (63%) claim their children are never exposed to SHS in their car, while 572 (71%) claim that their children never breathe SHS in their car. When it comes to the home, 275-292 respondents (34-36%) say smoking is not allowed *inside* the home, while 254 (32%) claim that their children never breathe in SHS in their home.

The table on the following page provides key results/numbers related to restrictions on smoking and exposure of children to SHS in the car and home. Note that percentages indicated in the table represent proportions of the full sample (n= 803).

Nature of Restriction	Response	N	%
Smoking in car:			
Smokers who restrict/prohibit smoking in car <i>because</i> of children: (those who never smoke in car because of children + those who smoke in car but restrict it when their children are present) (Qs. 11b + 13)	Unprompted	245	31%
Smokers who limit exposure of children to SHS: (those who <i>never</i> smoke in car + those who restrict smoking in car with children) (Qs.10b + 11b)	Unprompted	366	46%
Smokers whose children are never exposed to SHS: (those who <i>never</i> smoke in car + those who say they never smoke with children under 18 in car) (Qs.10b + 12b)	Semi-prompted	509	63%
Smokers who say children <i>never</i> breathe in SHS in their car (Q. 21)	Prompted	572	71%
Smoking in home:			
Smokers who say <i>they</i> never smoke in their home (Q.10c)	Unprompted	279	35%
Smokers who say smoking is not allowed in home (Q.15b)	Unprompted	292	36%
Smokers who say smoking is never allowed in home (Q.16b)	Unprompted	275	34%
Smokers who say they/others always restrict smoking to outdoors (Q.23a)	Prompted	364	45%
Smokers who say smoking is restricted in their home (Q.14)	Prompted	541	67%
Smokers who say smoking is restricted in parts of their home (Q.15a)	Prompted	602	75%
Smokers who identify any kind of restriction on smoking	New Variable	672	84%
Smokers who limit exposure of children to SHS (those who <i>never</i> smoke in home + those who restrict smoking in home with children around) (Q.10c + 17b)	Unprompted	341	42%
Smokers who say children <i>never</i> breathe SHS in their home (Q.20)	Prompted	254	32%

One inconsistency that may have a different explanation concerns the number of respondents who say smoking is not allowed in the home. Throughout most of the survey, there is consistency in this number, whether in response to a close-ended or open-ended question (34-36% or 275-292 respondents). When asked how often they smoke in their home, 279 respondents (35%) said never. When asked in an open-ended manner where in the home smoking is not allowed, 292 respondents (36%) said smoking is not allowed in any part of the home. When asked, again in an open-ended manner, under what situations smoking is never allowed in the home, 275 respondents (34%) said smoking is not allowed in any part of the home.

Note that the first time the topic was raised (Q11c), respondents were asked how often *they themselves* smoke in their home. The next time, they were asked more generally about restrictions on smoking in the home (i.e. restrictions that would apply to everyone, not just their own smoking habits). In other words, the wording of the question can help explain the difference in numbers, even this difference is small to begin with (n= 17). The apparent inconsistency emerges later in the survey (question 23a) when 364 respondents (45%) say that smoking at their home is *always* restricted to the outdoors. Since *always* restricting smoking to the outdoors is logically interchangeable with *never* smoking indoors, there appears to be an increase in the number of smokers who effectively say they never allow smoking indoors (from 34/36% - 45%).

The wording of the question may *help* explain the increase. At question 23a, respondents were asked how often they, *or other members of their household*, restrict smoking to outdoors only. Respondents were now focusing not only on what they themselves do in

their home but others as well. In other words, the increase could signify that there is always someone who does this even though they themselves do not or even though there is no general restriction on smoking in the home.

Baseline Survey on Second-Hand Smoke in Car & Home

Interview Schedule

March 2004
POR-03-102
H1011-03-163

Hello, my name is _____. I'm calling on behalf of EKOS, a public opinion research company. We are conducting a study for the Government of Canada on some important topics. All answers will be kept strictly confidential and people's participation is important if the results of the survey are to be accurate.

- A. First, to see if your household qualifies, do you or does anyone in your household work for an advertising or market research firm, the media, or a tobacco company?

(IF Yes) THANK & DISCONTINUE

- B. Do any children under the age of 18 live in your household with their parents or guardians? This includes children living there full-time or part-time as part of a shared custody arrangement.

(IF No) THANK & DISCONTINUE

- C. Do any parents or guardians between the ages of 18 and 60 smoke cigarettes or other tobacco products? (INCLUDES CIGAR AND PIPE SMOKING)

(IF Yes, one parent)

May I speak to that person now?

(IF Yes, both parents)

CONTINUE

(IF No, neither)

THANK & DISCONTINUE

(IF DK/NA)

THANK & DISCONTINUE

DEBUT DU QUESTIONNAIRE

1. In what year were you born? [RECORD YEAR OF BIRTH]

18 to 24	8%
25 to 30	12%
31 to 40	35%
41 to 50	33%
Over 50	6%
DK/NR	5%

2. Which of the following do you smoke...?

Cigarettes	95%
Cigars	8%
Pipe	2%

*Multiple responses accepted

3. At the present time, do you smoke cigarettes (manufactured or roll-your-own) every day or occasionally?

Every day	84%
Occasionally	11%
DK/NR	1%

4. (IF SMOKE EVERY DAY [N=672]) On average, how many cigarettes do you smoke per day?

1 to 5	8%
6 to 10	25%
11 to 19	29%
20 to 25	31%
Over 25	4%
DK/NR	1%

5. (IF SMOKE OCCASIONALLY [N=97]) On the days that you smoke, about how many cigarettes do you smoke?

One	6%
Two	14%
Three	14%
Four	10%
Five	21%
Six or more	27%
DK/NR	7%

6. (IF SMOKE OCCASIONALLY [N=97]) During the past 30 days, on about how many days did you smoke?

0 to 3	11%
4 to 9	23%
10 to 15	24%
16 to 29	24%
30	12%
DK/NR	6%

7. For how many years have you been smoking?

5 years or less	9%
6 to 10	16%
11 to 15	16%
16 to 20	26%
21 to 25	12%
Over 25	18%
DK/NR	2%

8. Are you seriously considering quitting within the next six months?

Yes	61%
No	36%
DK/NR	3%

9. Who else in your household smokes, besides yourself? This could be people of any age, and includes cigarettes, cigars, or pipes?

No one else	54%
Spouse/partner	35%
Other adult(s)	12%
Child/children	5%

*Multiple responses accepted

- A → F
(6)
10. How often would you say you smoke in the following locations? For each one, please tell me whether you smoke there always, frequently, sometimes or never. If something does not apply to you, please say do.

- a. At your place of work.

Always	33%
Frequently	17%
Sometimes	21%
Never	21%
DNA	8%
DK/NR	1%

- b. In your car.

Always	28%
Frequently	16%
Sometimes	25%
Never	27%
DNA	4%

- c. In your home.

Always	31%
Frequently	15%
Sometimes	19%
Never	35%
DNA	1%

- d. At the homes of friends or family.

Always	10%
Frequently	9%
Sometimes	45%
Never	34%
DNA	1%
DK/NR	1%

e. At restaurants or bars that have smoking areas

Always	28%
Frequently	16%
Sometimes	28%
Never	23%
DNA	4%
DK/NR	1%

f. Outside your home, such as your patio or backyard

Always	44%
Frequently	29%
Sometimes	23%
Never	4%
DNA	1%

11. (THOSE WHO SMOKE IN CAR [N=553]) You mentioned that you smoke in your car. Are any restrictions placed on smoking in your car? If so, what? Anything else?

Yes	44%
No	53%
DK/NR	3%

12. (THOSE WHO RESTRICT SMOKING IN CAR [N=245]) I'm going to identify some situations that might apply to smoking in the car. For each one, please tell me whether you smoke always, frequently, sometimes or never in that situation. If something does not apply to you, please say do.

A When children present	62%
B When non-smokers present	31%
C When 'other' children present	16%
D When partner/spouse present	15%
E Windows must be down	14%
F On long trips	3%
G On short trips	1%
H Other	4%
I DK/NR	7%

*Multiple responses accepted

13. (THOSE WHO DO NOT SMOKE IN CAR [N=213]) What is the reason you don't smoke in your car? Anything else?

Not want car to smell	49%
Children present in car	43%
Do not drive own car	12%
Other people in car	9%
Aware of dangers of SHS	9%
Spouse/partner not allow it	7%
New car	6%
Other	7%

DK/NR 3%
*Multiple responses accepted

14. Is smoking restricted in any way inside your home?

Yes 67%
No 33%

15. Are there any parts of your home where smoking is not permitted? ^A

Yes 75%
No 25%

(ASKED OF THOSE WHO HAVE SMOKING RESTRICTIONS IN HOME [N=601]) If so, where? Anywhere else? ^B

↓ Inside any part of home/smoke outside only 49%
In bedrooms 38%
In the kitchen/eating area 10%
On main floor 9%
Smoke only in basement 8%
Smoke only in garage 8%
Bathroom 5%
Smoke only near an open window 4%
1 room only 3%
Other 4%
DK/NR 2%

*Multiple responses accepted

*IF SMOKING IS NOT PERMITTED ANYWHERE INSIDE THE HOME, RESPONDENTS SHOULD SKIP QUESTIONS 16, 18, 19, 23, 27B.

16. Are there any situations or times of the day when smoking is not permitted in your home? ^A

Yes 48%
No 51%
DK/NR 1%

(IF RESTRICTIONS ON SMOKING IN HOME [N=386]) If so, what restrictions apply? Anything else? ^B

↓ Smoke outside only 71%
When children are home 15%
When company is over 8%
When children are near 7%
When children are awake 3%
When partner/spouse is home 3%
During meals 2%
Other 1%
DK/NR 4%

*Multiple responses accepted

- AB
(2)
17. (ASK THOSE FOR WHOM THERE ARE RESTRICTIONS ON SMOKING IN HOME [N=672]) What are your reasons for putting restrictions on where or when smoking is permitted in your home? Any other reasons? A

↓ Not expose children to SHS	43%
Not want house to smell	31%
Children – health condition(s)	17%
Children (general)	12%
SHS is harmful	12%
Not expose children to poor role model(s)	11%
Spouse/partner not smoke	10%
Fire hazard	7%
When non-smokers present	7%
Spouse/partner sets rules	3%
Other	7%
DK/NR	5%
*Multiple responses accepted	

18. Including other family members and regular visitors, how many people smoke inside your home every day or almost every day?

None	48%
One	14%
Two	22%
Three or more	9%
DK/NR	6%

19. On average, how many cigarettes would you say are smoked in your home, by household members or others, over the course of one day?

None	50%
1 to 5	9%
6 to 10	10%
11 to 20	11%
Over 20	15%
DK/NR	3%

20. How often do you think your children are in a situation where they are breathing in second-hand smoke in and around your home? Would that be...?

Never	32%
Less than once a month	9%
About 1-3 times/month	8%
About once a week	7%
A few times a week	11%
Every day/almost every day	33%
DK/NR	1%

21. How often do you think your children are in a situation where they are breathing in second-hand smoke in your car? Would that be...?

Never	71%
Less than once a month	2%
About 1-3 times per month	4%
About once a week	7%
A few times a week	9%
Every day/almost every day	6%
DK/NR	1%

22. To the best of your knowledge, is/are your child/children exposed to second-hand smoke by a baby-sitter or caregiver, either in your home or elsewhere?

Yes	15%
No	83%
DK/NR	2%

23. Again, thinking about your home, please tell me whether you or other members of your household always, frequently, sometimes or never do the following. How about...?

A → E
(5)

a. Restrict smoking to outdoors only.

Always	45%
Frequently	6%
Sometimes	21%
Never	27%
DNA	1%

b. Restrict smoking to one room or area.

Always	49%
Frequently	7%
Sometimes	11%
Never	31%
DNA	2%
DK/NR	1%

c. Restrict smoking when children are around.

Always	55%
Frequently	9%
Sometimes	18%
Never	17%
DNA	1%

d. Ask friends and acquaintances not to smoke

Always	45%
Frequently	4%
Sometimes	16%
Never	33%
DNA	2%
DK/NR	1%

e. Ask relatives not to smoke

Always	44%
Frequently	5%
Sometimes	14%
Never	34%
DNA	3%

24. People may restrict smoking in their home for a number of reasons. On a 7-point scale, where 1 means not at all important, and 7 means extremely important, please tell me how important the following factors are in your decision to restrict smoking in your home...

A → E
(5)
a. Allergies of a family member

7	51%
6	4%
5	8%
4	3%
3	3%
2	2%
1	25%
DK/NR	4%

b. The effect of second-hand smoke on your health.

7	49%
6	7%
5	14%
4	8%
3	6%
2	3%
1	12%
DK/NR	1%

c. The effect of second-hand smoke on the health of your children.

7	83%
6	6%
5	5%
4	2%
3	2%
2	
1	1%

d. The smell and dirt caused by cigarette smoke.

7	52%
6	10%
5	16%
4	6%
3	7%
2	2%
1	6%
DK/NR	1%

e. So that your children won't be influenced by others to start smoking.

7	60%
6	8%
5	12%
4	6%
3	5%
2	2%
1	6%
DK/NR	1%

25. To what extent would you say that all members of your household agree on whether or not smoking should be restricted in your home? Please use a 7-point scale, where 1 means there is no agreement at all among members of your household, and 7 means complete agreement.

7	62%
6	6%
5	12%
4	3%
3	3%
2	1%
1	11%
DK/NR	1%

26. Thinking about your child(ren), has the topic of second-hand smoke ever come up in discussion between yourself and your child(ren)?

Yes	57%
No	42%
DK/NR	1%

27. To the best of your knowledge, has/have your child(ren) ever.....

A → C
(3)
a. Asked that a member of your household stop smoking in their presence.

Yes	50%
No	49%
DK/NR	1%

b. Asked a visitor to your home to stop smoking.

Yes	23%
No	75%
DK/NR	2%

c. Said anything about being bothered by second-hand smoke.*

Yes	48%
No	51%
DK/NR	1%

28. There are different things that people might do to reduce the amount of second-hand smoke in their home or its impact on other people. Please tell me whether you have done any of the following. How about...?

A → J
(10)
A Open a window 65%
B Use a fan 44%
C Use a spray/other air freshener 36%
D Smoke behind closed doors in other room 33%
E Use an air purifier unit 28%
F Only smoke outside 9%
G Candles 4%
H None of these actions 24%
I Other 6%
J DK/NR 1%

*Multiple responses accepted

29. How effective do you think each method is in terms of reducing the amount of second-hand smoke in a home and its impact on other people? How about...? Do you think this is very, moderately, not very or not at all effective?

A → E
(5)

a) Using an air purifier unit in the home.

Very effective	20%
Moderately	40%
Not very	18%
Not at all effective	14%
DNA	6%
DK/NR	3%

b) Using a fan.

Very effective	9%
Moderately	31%
Not very	27%
Not at all effective	29%
DNA	4%
DK/NR	1%

c) Opening a window.

Very effective	21%
Moderately	49%
Not very	17%
Not at all effective	10%
DNA	2%

d) Smoking behind closed doors in another room.

Very effective	12%
Moderately	22%
Not very	24%
Not at all effective	38%
DNA	4%
DK/NR	1%

e) Using a spray or other form of air freshener.

Very effective	4%
Moderately	12%
Not very	23%
Not at all effective	57%
DNA	3%
DK/NR	1%

30. Do you think that cigarette smoking is a very, somewhat, not very or not at all serious health problem in Canada today?

Very serious	67%
Somewhat	26%
Not very	5%
Not at all serious	2%
DK/NR	1%

31. Do you think that exposure to second-hand smoke is a very, somewhat, not very or not at all serious health problem in Canada today?

Very serious	57%
Somewhat	30%
Not very	10%
Not at all serious	2%
DK/NR	1%

32. To what extent, if at all, do you think being exposed to second-hand smoke is a hazard to people's health? Would you say it is a to people's health?

Significant hazard	49%
Moderate	37%
Minor	11%
No hazard at all	2%
DK/NR	1%

33. How likely do you think it is that smoking will lead to health problems for you? Is it very, somewhat, not very or not at all likely?

Very likely	40%
Somewhat	46%
Not very	8%
Not at all likely	5%
DK/NR	1%

34. How knowledgeable would you say you are about the health effects of second-hand smoke? Would you say very, moderately, not very or not at all knowledgeable?

Very knowledgeable	41%
Moderately	47%
Not very	9%
Not at all knowledgeable	3%

35. Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree with each of the following statements...

a. It's okay for children to ask someone not to smoke around them, including their parents.

Strongly agree 80%
Somewhat agree 14%
Somewhat disagree 2%
Strongly disagree 4%

b. Second-hand smoke affects the health of a child more than the health of an adult.

Strongly agree 60%
Somewhat agree 24%
Somewhat disagree 7%
Strongly disagree 5%
DK/NR 4%

c. Second-hand smoke is not as harmful as some people say.

Strongly agree 11%
Somewhat agree 22%
Somewhat disagree 18%
Strongly disagree 45%
DK/NR 4%

d. There are too many restrictions on smokers.

Strongly agree 29%
Somewhat agree 24%
Somewhat disagree 17%
Strongly disagree 28%
DK/NR 1%

e. Smoking is socially acceptable.

Strongly agree 14%
Somewhat agree 36%
Somewhat disagree 21%
Strongly disagree 26%
DK/NR 2%

f. People who smoke should always be willing to put out their cigarettes if someone near them is bothered by the smoke.

Strongly agree 67%
Somewhat agree 21%
Somewhat disagree 6%
Strongly disagree 5%
DK/NR 1%

g. People who smoke should have the right to do so in their home or car.

Strongly agree	66%
Somewhat agree	25%
Somewhat disagree	4%
Strongly disagree	5%
DK/NR	1%

h. People who don't smoke should have the right to a smoke-free environment in any public place.

Strongly agree	59%
Somewhat agree	26%
Somewhat disagree	8%
Strongly disagree	6%
DK/NR	1%

i. People who smoke should have the right to do so in any public place where smoking is allowed.

Strongly agree	46%
Somewhat agree	31%
Somewhat disagree	8%
Strongly disagree	15%
DK/NR	1%

j. It is important for parents to provide a completely smoke-free environment for their children.

Strongly agree	64%
Somewhat agree	27%
Somewhat disagree	5%
Strongly disagree	4%
DK/NR	1%

36. In what ways, if any, does inhaling second-hand smoke affect people's health?

Lung cancer	47%
Asthma	35%
Reduced lung function	16%
Heart disease	15%
Breathing problems	13%
Emphysema	12%
Bronchitis	10%
Allergies	9%
Sore throats	6%
Pneumonia	5%
Other cancers	5%
Middle ear infections	4%
Cannot name any	8%

Other 7%
DK/NR 12%

*Multiple responses accepted

37. There are a number of ways in which second-hand smoke can affect people's health. Please tell me whether you think second-hand smoke definitely, probably, probably not or definitely not contributes to the following conditions. How about...?

A → g
(7)

a. Asthma

Definitely	57%
Probably	32%
Probably not	7%
Definitely not	2%
DK/NR	2%

b. Middle ear infections

Definitely	16%
Probably	25%
Probably not	29%
Definitely not	11%
DK/NR	20%

c. Sudden Infant Death Syndrome

Definitely	18%
Probably	24%
Probably not	26%
Definitely not	12%
DK/NR	20%

d. Lung cancer

Definitely	61%
Probably	31%
Probably not	6%
Definitely not	2%
DK/NR	1%

e. Heart disease

Definitely	47%
Probably	39%
Probably not	8%
Definitely not	3%
DK/NR	3%

f. Sore throats

Definitely	41%
Probably	43%
Probably not	11%
Definitely not	3%
DK/NR	3%

g. Respiratory infections

Definitely	49%
Probably	40%
Probably not	6%
Definitely not	2%
DK/NR	2%

I have a few last questions for background and statistical purposes.

38. What is the highest level of education that you have reached?

Completed university/some post-grad.	14%
Some university	5%
Completed college	23%
Some college	11%
Graduated high school	31%
Some high school	16%
DK/NR	1%

39. Which of the following best describes your current employment situation?

Employed full-time	55%
Self-employed	12%
Homemaker	9%
Employed part-time	9%
Unemployed	6%
Student	4%
Other	4%

40. (IF EMPLOYED FULL-TIME /PART-TIME OR SELF-EMPLOYED [N=615]) Do you work primarily from your home or elsewhere?

Home	11%
Elsewhere	88%
DK/NR	1%

41. Are you...?

Married/common law	71%
Single	14%
Separated/divorced	13%
Widowed	1%

42. Please tell me the ages and gender of the children living in your household, and whether they are living with you full-time or part-time. (READ/RECORD NUMBER OF CHILDREN WHOSE AGE FALLS WITHIN EACH CATEGORY; FOR CHILDEN LIVING PART-TIME IN HOME, DETERMINE AVERAGE NUMBER OF DAYS IN TWO-WEEK PERIOD)

5 years and younger	
Boys	16%
Girls	18%
Both	5%
6 to 12	
Boys	20%
Girls	18%
Both	10%
13 to 17	
Boys	21%
Girls	15%
Both	4%
DK/NR	3%

43. Are you an Aboriginal person (e.g. North American Indian from a specific band, Inuit or Métis)?

Yes	8%
No	91%
DK/NR	1%

44. What was your total household income, before taxes and deductions, for 2003? This includes all members of your household, including yourself. Was it...?

\$100,000 and over	9%
\$80,000 to \$99,999	8%
\$60,000 to \$79,999	12%
\$40,000 to \$59,999	21%
\$20,000 to \$39,999	22%
Less than \$20,000	10%
DK/NR	17%

That completes my interview. Thank you for your assistance.

Record from Database/Interview

Language

English	80%
French	20%

Gender

Female	51%
Male	49%

Region

Atlantic Canada	8%
Quebec	23%
Ontario	39%
Prairies	17%
BC and Territories	13%

Urban/rural

Urban	74%
Rural	26%

@F6

Bonjour/bonsoir. C'est _____ qui vous téléphone de la part de EKOS, une maison de recherche par sondage. Nous effectuons une étude pour le compte du gouvernement du Canada sur des sujets importants. Toutes vos réponses seront traitées de manière absolument confidentielle, et nous avons besoin d'une participation nombreuse pour obtenir des résultats exacts.

QA

Pour savoir tout d'abord si votre ménage est admissible au sondage, y a-t-il quelqu'un chez vous qui travaille pour une entreprise de publicité, d'étude du marché, des médias ou une compagnie de tabac?

Oui, REMERCIER & TERMINER 1
Non 2

(1/ 576)
=> INT

«QA »

QB

Y a-t-il dans votre ménage des enfants de moins de 18 ans qui habitent avec leurs parents ou tuteurs? Il peut s'agir d'enfants qui y vivent à plein temps ou à temps partiel dans le cas d'une garde partagée.

Oui 1
Non, REMERCIER & TERMINER 2

(1/ 577)
=> INT

«QB »

QC

Est-ce que l'un ou l'autre des parents ou tuteurs âgés entre 18 et 60 ans fume la cigarette ou d'autres produits du tabac? (Y COMPRIS LE CIGARE OU LA PIPE)

SI MEME RÉPONDANT, CONTINUER 1
SI NOUVEAU RÉPONDANT, TRANSFÉRER 2
Non, ni l'un ni l'autre, remercier et terminer (IG) 3
NSP/PDR, remercier et terminer 9

(1/ 578)
=> Q1
=> INT
=> INT

«QC »

QD2

Bonjour/bonsoir. C'est _____ qui vous téléphone de la part de EKOS, une maison de recherche par sondage. Nous effectuons une étude pour le compte du gouvernement du Canada sur des sujets importants. Toutes vos réponses seront traitées de manière absolument confidentielle, et nous avons besoin d'une participation nombreuse pour obtenir des résultats exacts.

Continuer 1
«QD2 »

(1/ 579)

Q1

INSCRIRE DEUX CHIFFRES, p. ex., 80 pour 1980

Quelle est votre année de naissance? Incrire l'année de naissance. NOTE: LE RÉPONDANT DOIT AVOIR ENTRE 18 ET 60 ANS (C.-A- D. ETRE NÉ ENTRE 1944 & 1986)

(1/ 580)

\$E 44 86

1943 ou plus tôt, remercier et terminer (IG)..... 49 => INT

1987 ou plus tard, remercier et terminer (IG)..... 87 => INT

NSP/PDR..... 99

«Q1 »

SEX

NE PAS DEMANDER

Incrire le sexe du répondant

(1/ 582)

Homme 1

Femme 2

«SEX »

Q2

LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Qu'est-ce que vous fumez, parmi les suivants. . . ?

(1/ 583 - 584 - 585)

Cigarette, fabriquée ou que vous roulez 1

Cigare 2

Pipe..... 3

NSP/PDR..... 9 X

«Q2_01 »

«Q2_02 »

«Q2_03 »

Q3

Présentement, fumez-vous cigarette/cigare ou pipe(fabriquée ou que vous roulez)
tous les jours ou à l'occasion?

(1/ 587)

Tous les jours..... 1

A l'occasion (moins souvent que tous les jours)..... 2

NSP/PDR..... 9

«Q3 »

Q4

=> +1 si NOT (Q3=#1)

NE PAS ACCEPTER DE GAMME.

En moyenne, combien de cigarette/cigare ou pipefumez-vous par jour? OBTENIR UN CHIFFRE PRÉCIS. SI LE RÉPONDANT DIT UN PAQUET PAR JOUR, DEMANDER LE NOMBRE DE CIGARETTES DANS UN PAQUET.

(1/ 588)

\$E 1 75

NSP/PDR..... 99

«Q4 »

Q5

=> Q7 si Q3=#1

NE PAS ACCEPTER DE GAMME.

Les jours où vous fumez, environ combien de cigarette/cigare ou pipefumez-vous?

(1/ 590)

\$E 1 75

NSP/PDR..... 99

«Q5 »

Q6

*NE PAS ACCEPTER DE GAMME. *DOIT ETRE UN CHIFFRE PRÉCIS*

Au cours des 30 derniers jours, pendant combien de jours à peu près avez-vous fumé?

(1/ 592)

\$E 0 31

NSP/PDR..... 99

«Q6 »

Q7

Depuis combien d'années fumez-vous? (NOTE: SI LE RÉPONDANT A CESSÉ DE FUMER PUIS RECOMMENCÉ, INSCRIRE LE NOMBRE D'ANNÉES OU IL/ELLE RÉELLEMENT A FUMÉ.

(1/ 594)

\$E 1 54

Moins d'un an 00

NSP/PDR..... 99

«Q7 »

Q8

Songez-vous sérieusement à cesser de fumer d'ici les six prochains mois?

(1/ 596)

Oui 1

Non 2

NSP/PDR..... 9

«Q8 »

Q10

LIRE LA LISTE AU BESOIN; ACCEPTER TOUTE RÉPONSE PERTINENTE

A part vous, qui d'autre fume dans votre ménage? Personnes de tout âge fumant la cigarette, le cigare ou la pipe?

(1/ 597 - 598 - 599)

Conjoint(e)/partenaire.....	1	
Autre(s) adulte(s).....	2	
Enfant(s).....	3	
Personne d'autre qui fume.....	8	X
NSP/PDR.....	9	X

«Q10_01 »

«Q10_02 »

«Q10_03 »

P11

Voici maintenant quelques questions sur les endroits et les moments où vous avez l'habitude de fumer. A quelle fréquence diriez-vous que vous fumez dans les endroits suivants? Pour chacun, veuillez me dire si c'est toujours, souvent, parfois ou jamais. Si une question est SANS OBJET pour vous, veuillez le dire. (INSCRIRE SÉPARÉMENT 'SO - SANS OBJET')

Q11A

Rotation => Q11F

Au travail. Cela comprend dans un fumoir et à l'extérieur d'un immeuble.

(1/ 600)

Jamais	1	
Parfois.....	4	
Souvent.....	5	
Toujours.....	7	
SO-SANS OBJET.....	8	
NSP/PDR.....	9	

«Q11A »

Q11B

Dans votre voiture.

(1/ 601)

Jamais	1	
Parfois.....	4	
Souvent.....	5	
Toujours.....	7	
SO-SANS OBJET.....	8	
NSP/PDR.....	9	

«Q11B »

Q11C

A la maison. Cela comprend toutes les pièces intérieures, y compris le garage.

(1/ 602)

Jamais	1
Parfois.....	4
Souvent.....	5
Toujours.....	7
SO-SANS OBJET.....	8
NSP/PDR.....	9
«Q11C »	

Q11D

Dans les restaurants et les bars qui on des sections fumeurs.

(1/ 603)

Jamais	1
Parfois.....	4
Souvent.....	5
Toujours.....	7
SO-SANS OBJET.....	8
NSP/PDR.....	9
«Q11D »	

Q11E

Dans les maisons d'amis ou de membres de la famille.

(1/ 604)

Jamais	1
Parfois.....	4
Souvent.....	5
Toujours.....	7
SO-SANS OBJET.....	8
NSP/PDR.....	9
«Q11E »	

Q11F

A l'extérieur de votre maison, comme sur la terrasse ou dans la cour.

(1/ 605)

Jamais	1
Parfois.....	4
Souvent.....	5
Toujours.....	7
SO-SANS OBJET.....	8
NSP/PDR.....	9
«Q11F »	

Q12A

=> Q14 si Q11B=#1,#5,#6

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Vous dites que vous fumez dans votre voiture. Y a-t-il des restrictions d'imposées à l'usage du tabac dans votre voiture?

(1/ 606)

Oui..... 1
Non 2
NSP/PDR..... 9
«Q12A »

Q12B

=> +1 si NOT (Q12A=#1)

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Lesquelles? Y en a-t-il d'autres?

(1/ 607 - 609 - 611 - 613 - 615 - 617 - 619 - 621 - 623 - 625)

En présence de non-fumeurs..... 13
En présence des enfants - en général 14
En présence d'autres enfants (c.-à-d. pas de la famille) 15
En présence du(de la) partenaire/ conjoint(e) 16
Sur de courts déplacements 17
Sur de longs déplacements..... 18
..... 19 N
Autre réponse (préciser) 77 O
NSP/PDR..... 99 X
«Q12B_01 »
«Q12B_02 »
«Q12B_03 »
«Q12B_04 »
«Q12B_05 »
«Q12B_06 »
«Q12B_07 »
«Q12B_08 »
«Q12B_09 »
«Q12B_10 »
«O_Q12B »

P13

Je vais vous nommer diverses situations où quelqu'un pourrait fumer dans la voiture. Pour chacune, dites-moi s'il vous plaît si vous fumez toujours, souvent, parfois ou jamais dans cette situation. Si une question est SANS OBJET pour vous, veuillez le dire. (INSCRIRE SÉPARÉMENT 'SO - SANS OBJET')

Q13A

Rotation => RDUM1

Fumer en présence d'autres passagers adultes dans votre voiture.

(1/ 627)

Jamais 1
Parfois 4
Souvent 5
Toujours 7
SO-SANS OBJET 8
NSP/PDR 9
«Q13A »

Q13C

Fumer avec les fenêtres en partie ou grand ouvertes.

(1/ 628)

Jamais 1
Parfois 4
Souvent 5
Toujours 7
SO-SANS OBJET 8
NSP/PDR 9
«Q13C »

Q13B

Rotation => RDUM2

Fumer en présence d'enfants de moins de 18 ans dans votre voiture.

(1/ 629)

Jamais 1
Parfois 4
Souvent 5
Toujours 7
SO-SANS OBJET 8
NSP/PDR 9
«Q13B »

Q13D

Fumer sur de courts déplacements, comme pour les courses ou dans votre quartier.

(1/ 630)

Jamais 1
Parfois 4
Souvent 5
Toujours 7
SO-SANS OBJET 8
NSP/PDR 9
«Q13D »

Q14

=> +1 si NOT (Q11B=#1)

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Quelle est la raison pour laquelle vous ne fumez pas dans votre voiture? Y en a-t-il d'autres?

(1/ 631 - 633 - 635 - 637 - 639 - 641 - 643 - 645 - 647 - 649)

Enfants présents dans la voiture	11
D'autres personnes dans la voiture/pour ne pas les incommoder	12
Nouvelle voiture	13
Pour que la voiture ne sente pas mauvais	14
Conjoint(e)/partenaire ne le permet pas	15
Conscient des dangers de la fumée secondaire	16
.....	17
Autre réponse (préciser)	77 O
NSP/PDR	99 X

Q15

L'usage du tabac est-il limité d'une façon quelconque à l'intérieur de votre maison?

(1/ 651)

Oui	1
Non	2
NSP/PDR	9

«Q15 »

Q16A

Y a-t-il des parties de votre maison où il est interdit de fumer?

(1/ 652)

Oui	1
Non	2
NSP/PDR	9

«Q16A »

Q16B

=> +1 si NOT(Q16A=#1)

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Où? Y en a-t-il d'autres?

(1/ 653 - 655 - 657 - 659 - 661 - 663 - 665 - 667 - 669 - 671)

Nulle part à l'intérieur/fumer à l'extérieur seulement	13
Au rez-de-chaussée	14
Dans les chambres	15
Dans la cuisine/salle à manger	16
Fumer seulement au sous-sol	17
Fumer seulement dans le garage	18
Fumer seulement près d'une fenêtre ouverte	19
Autre réponse (préciser)	77 O
NSP/PDR	99 X

Q17A**=> +1 si** **Q16B=#1**

Y a-t-il des situations ou des moments de la journée où il est interdit de fumer chez vous?

(1/673)

Oui 1
Non 2
NSP/PDR 9
«Q17A »

Q17B**=> +1 si** **NOT (Q17A=#1)**

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Quelles sont les restrictions? Y en a-t-il d'autres?

(1/674 - 676 - 678 - 680 - 682 - 684 - 686 - 688 - 690 - 692)

Quand les enfants sont à la maison 13
Quand les enfants sont autour 14
Quand les enfants sont réveillés 15
Quand il y a des invités 16
Quand le(la) partenaire/conjoint(e) est à la maison 17
Autre réponse (préciser) 77 O
NSP/PDR 99 X

Q18**=> +1 si** **RESTR=#2**

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

Quelles sont vos raisons d'imposer des restrictions quant aux endroits et aux moments où il est permis de fumer dans votre maison? Y a-t-il d'autres raisons?

(1/695 - 697 - 699 - 701 - 703 - 705 - 707 - 709 - 711 - 713)

Enfants - pour ne pas les exposer à la fumée secondaire 11
Enfants - pour ne pas leur donner le mauvais exemple 12
Enfants - problèmes de santé 21
Enfants (autre raison) - OBTENIR DES DÉTAILS 13
Pour que la maison ne sente pas mauvais 14
Négociation avec conjoint(e)/partenaire 15
Conjoint(e)/partenaire fixe le règlement 16
Conjoint(e)/partenaire ne fume pas/n'aime pas la fumée 17
Condition de location/bail/sous-location 18
La fumée secondaire est nocive 19
Danger d'incendie 20
Autre réponse (préciser) 77 O
NSP/PDR 99 X

Q19

=> +1 si Q16B=#1

Parmi les autres membres de la famille et vos visiteurs réguliers, combien de personnes fument à l'intérieur de votre maison tous les jours ou presque tous les jours? (Y COMPRIS LA CIGARETTE, LE CIGARE ET LA PIPE.)

(1/715)

\$E 0 50

NSP/PDR..... 99

«Q19 »

Q20

=> +1 si Q16B=#1 OR Q19=0

NE PAS ACCEPTER DE GAMME. DOIT ETRE UN CHIFFRE PRÉCIS,

En moyenne, combien de cigarette/cigare ou pipe sont fumées selon vous dans votre maison par des membres de votre famille ou d'autres personnes au cours d'une journée?

(1/717)

\$E 0 500

NSP/PDR..... 999

«Q20 »

Q21

LIRE LA LISTE

Selon vous, à quelle fréquence vos enfants sont-ils en état de respirer de la fumée secondaire à l'intérieur et autour de votre maison? Diriez-vous... ?

(1/726)

Tous les jours ou presque 1
Quelques fois par semaine 2
Environ une fois par semaine 3
De une à trois fois par mois 4
Moins d'une fois par mois, ou 5
Jamais 6
NSP/PDR..... 9

«Q21 »

Q22

=> +1 si Q11B=#1 OR Q12B=#2 OR Q13B=#1

LIRE LA LISTE

Selon vous, à quelle fréquence vos enfants sont-ils en état de respirer de la fumée secondaire dans votre voiture? Diriez-vous. . . ?

(1/ 727)

Tous les jours ou presque 1
Quelques fois par semaine 2
Environ une fois par semaine 3
De une à trois fois par mois 4
Moins d'une fois par mois, ou 5
Jamais 6
NSP/PDR 9

«Q22 »

Q23

A ce que vous sachiez, est-ce que vos enfants sont exposé(s) à la fumée secondaire par un(e) gardien(ne), chez vous ou ailleurs?

(1/ 728)

Oui 1
Non 2
NSP/PDR 9

«Q23 »

P24

=> P25 si Q16B=#1

En ce qui concerne encore votre maison, dites-moi s'il vous plaît si vous faites ou si d'autres membres de votre ménage font toujours, souvent, parfois ou jamais ce qui suit...?

Q24A

Rotation => Q24E

Restreindre l'usage du tabac à l'extérieur seulement.

(1/ 729)

Jamais 1
Parfois 4
Souvent 5
Toujours 7
SO-SANS OBJET 8
NSP/PDR 9

«Q24A »

Q24B

Restreindre l'usage du tabac à une pièce ou un secteur.

(1/ 730)

Jamais 1
Parfois..... 4
Souvent..... 5
Toujours..... 7
SO-SANS OBJET..... 8
NSP/PDR..... 9
«Q24B »

Q24C

Restreindre l'usage du tabac quand les enfants sont autour.

(1/ 731)

Jamais 1
Parfois..... 4
Souvent..... 5
Toujours..... 7
SO-SANS OBJET..... 8
NSP/PDR..... 9
«Q24C »

Q24D

Demander aux amis et connaissances de ne pas fumer

(1/ 732)

Jamais 1
Parfois..... 4
Souvent..... 5
Toujours..... 7
SO-SANS OBJET..... 8
NSP/PDR..... 9
«Q24D »

Q24E

Demander à la parenté de ne pas fumer

(1/ 733)

Jamais 1
Parfois..... 4
Souvent..... 5
Toujours..... 7
SO-SANS OBJET..... 8
NSP/PDR..... 9
«Q24E »

P25

=> Q26 si RESTR=#2

Il y a diverses raisons pour lesquelles on peut restreindre l'usage du tabac dans sa maison. Sur une échelle de 7 points où 1 signifie pas du tout important et 7, extrêmement important, dites- moi s'il vous plaît quelle est l'importance des

facteurs suivants dans votre décision de restreindre l'usage du tabac dans votre maison...

Q25A

Rotation => Q25E

Allergies d'un membre de la famille.

(1/ 734)

- | | |
|-------------------------------|---|
| 1. Pas du tout important..... | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extrêmement important..... | 7 |
| NSP/PDR..... | 9 |
| «Q25A » | |

Q25B

L'effet de la fumée secondaire sur votre santé.

(1/ 735)

- | | |
|-------------------------------|---|
| 1. Pas du tout important..... | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extrêmement important..... | 7 |
| NSP/PDR..... | 9 |
| «Q25B » | |

Q25C

L'effet de la fumée secondaire sur la santé de vos enfants.

(1/ 736)

- | | |
|-------------------------------|---|
| 1. Pas du tout important..... | 1 |
| 2..... | 2 |
| 3..... | 3 |
| 4..... | 4 |
| 5..... | 5 |
| 6..... | 6 |
| 7. Extrêmement important..... | 7 |
| NSP/PDR..... | 9 |
| «Q25C » | |
-
-

Q25D

La mauvaise odeur et la saleté causées par la fumée de cigarette.

(1/ 737)

- | | |
|--------------------------------|---|
| 1. Pas du tout important | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7. Extrêmement important | 7 |
| NSP/PDR | 9 |
| «Q25D » | |
-

Q25E

Pour éviter que vos enfants subissent l'influence des autres et se mettent à fumer.

(1/ 738)

- | | |
|--------------------------------|---|
| 1. Pas du tout important | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7. Extrêmement important | 7 |
| NSP/PDR | 9 |
| «Q25E » | |
-

Q26

Selon vous, dans quelle mesure tous les membres de votre ménage sont-ils d'accord ou non pour restreindre l'usage du tabac dans votre maison? Veuillez répondre selon une échelle de 7 points où 1 signifie que les membres de la maison ne sont pas tous d'accord et 7, qu'ils sont parfaitement d'accord.

(1/ 739)

- | | |
|--------------------------------|---|
| 1. Pas d'accord | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7. Parfaitement d'accord | 7 |
| NSP/PDR | 9 |
| «Q26 » | |
-

Q27

En ce qui concerne <kids>, est-ce que la question de la fumée secondaire a déjà fait l'objet d'une discussion entre vous et <kids>?

(1/ 740)

- | | |
|---------------|---|
| Oui | 1 |
| Non | 2 |
| NSP/PDR | 9 |
| «Q27 » | |
-

P28

A ce que vous sachiez, est-ce que ont vos enfants déjà . .

Q28A

Rotation => Q28C

Demandé à un membre de votre ménage de cesser de fumer en leur présence.

(1/ 741)

Oui 1

Non 2

NSP/PDR 9

«Q28A »

Q28B

Demandé à quelqu'un en visite chez vous de cesser de fumer.

(1/ 742)

Oui 1

Non 2

NSP/PDR 9

«Q28B »

Q28C

Dit que la fumée secondaire les incommodait. *NOTE: INCOMMODER PEUT SIGNIFIER QUE LA FUMÉE SECONDAIRE PROVOQUE UNE IRRITATION PHYSIQUE OU QU'ELLE DÉRANGE.

(1/ 743)

Oui 1

Non 2

NSP/PDR 9

«Q28C »

Q29**ACCEPTEZ TOUTE RÉPONSE PERTINENTE**

On peut prendre diverses mesures pour réduire la quantité de fumée secondaire dans sa maison ou diminuer ses effets sur les autres. Dites-moi s'il vous plaît si vous faites l'un ou l'autre des choses suivantes, comme. . . ?

Rotation => 5

(1/ 744 - 746 - 748 - 750 - 752 - 754 - 756 - 758 - 760 - 762)

Faire fonctionner un purificateur d'air dans la maison 11

Utiliser un ventilateur 12

Ouvrir une fenêtre 13

Fumer derrière des portes closes dans une autre pièce 14

Utiliser ou vaporiser un désodorisant 15

Ou prendre une autre mesure. Le cas échéant, veuillez préciser 77 O

Aucun 98 X

NSP/PDR 99 X

P30

Quelle est selon vous l'efficacité de chaque méthode pour ce qui est de réduire la quantité de fumée secondaire dans une maison et de diminuer ses effets sur les autres? Pour chacune, veuillez indiquer si vous la croyez très, assez, pas tellement ou pas du tout efficace? Que pensez-vous de.? (INSCRIRE SÉPARÉMENT 'SO - SANS OBJET')

Q30A

Rotation => Q30E

Faire fonctionner un purificateur d'air dans la maison

(1/ 764)

Pas du tout efficace.....	1
Pas tellement efficace	2
Assez efficace	3
Très efficace	4
SO - SANS OBJET.....	8
NSP/PDR.....	9

«Q30A »

Q30B

Utiliser un ventilateur.

(1/ 765)

Pas du tout efficace.....	1
Pas tellement efficace	2
Assez efficace	3
Très efficace	4
SO - SANS OBJET.....	8
NSP/PDR.....	9

«Q30B »

Q30C

Ouvrir une fenêtre.

(1/ 766)

Pas du tout efficace.....	1
Pas tellement efficace	2
Assez efficace	3
Très efficace	4
SO - SANS OBJET.....	8
NSP/PDR.....	9

«Q30C »

Q30D

Fumer derrière des portes closes dans une autre pièce.

(1/ 767)

Pas du tout efficace..... 1
Pas tellement efficace 2
Assez efficace 3
Très efficace 4
SO - SANS OBJET..... 8
NSP/PDR..... 9
«Q30D »

Q30E

Utiliser ou vaporiser un désodorisant.

(1/ 768)

Pas du tout efficace..... 1
Pas tellement efficace 2
Assez efficace 3
Très efficace 4
SO - SANS OBJET..... 8
NSP/PDR..... 9
«Q30E »

Q31

Croyez-vous que le fait de fumer la cigarette constitue de nos jours au Canada un problème de santé très sérieux, assez sérieux, pas tellement sérieux ou pas du tout sérieux?

(1/ 769)

Pas du tout sérieux 1
Pas tellement sérieux 2
assez sérieux 3
Très sérieux 4
NSP/PDR..... 9
«Q31 »

Q32

Pensez-vous que l'exposition à la fumée secondaire constitue un problème de santé très, plutôt, pas tellement ou pas du tout sérieux au Canada de nos jours?

(1/ 770)

Pas du tout sérieux 1
Pas tellement sérieux 2
Plutôt sérieux 3
Très sérieux 4
NSP/PDR..... 9
«Q32 »

Q33

Dans quelle mesure pensez-vous, le cas échéant, que l'exposition à la fumée secondaire constitue un danger pour la santé? Diriez-vous que cela constitue un grave danger, un danger moyen, un danger mineur ou aucun danger pour la santé des gens?

(1/771)

Aucun danger..... 1
Un danger mineur 2
Un danger moyen..... 3
Un grave danger 4
NSP/PDR..... 9
«Q33 »

Q34

Quelle est selon vous la probabilité que l'usage du tabac vous cause à vous des problèmes de santé? Est-ce très, assez, pas tellement ou pas du tout probable?

(1/772)

Pas du tout probable 1
Pas tellement probable 2
Assez probable 3
Très probable 4
NSP/PDR..... 9
«Q34 »

Q35

Dans quelle mesure vous diriez-vous renseigné sur les effets de la fumée secondaire sur la santé? Vous diriez-vous très, assez, pas tellement ou pas du tout renseigné?

(1/773)

Pas du tout renseigné 1
Pas tellement renseigné 2
Assez renseigné 3
Très renseigné..... 4
NSP/PDR..... 9
«Q35 »

P36

Etes-vous fermement d'accord, plutôt d'accord, plutôt en désaccord ou fermement en désaccord avec chacun des énoncés suivants...

Q36A

Rotation => Q36E

Les enfants font bien de demander à quelqu'un, y compris à leurs parents, de ne pas fumer en leur présence.

(1/ 774)

Fermement en désaccord 1
Plutôt en désaccord 2
Plutôt d'accord 3
Fermement d'accord 4
NSP/PDR 9
«Q36A »

Q36B

La fumée secondaire nuit davantage à la santé d'un enfant qu'à celle d'un adulte.

(1/ 775)

Fermement en désaccord 1
Plutôt en désaccord 2
Plutôt d'accord 3
Fermement d'accord 4
NSP/PDR 9
«Q36B »

Q36C

La fumée secondaire n'est pas aussi nocive que certains le disent.

(1/ 776)

Fermement en désaccord 1
Plutôt en désaccord 2
Plutôt d'accord 3
Fermement d'accord 4
NSP/PDR 9
«Q36C »

Q36D

Il y a trop de restrictions d'imposées aux fumeurs.

(1/ 777)

Fermement en désaccord 1
Plutôt en désaccord 2
Plutôt d'accord 3
Fermement d'accord 4
NSP/PDR 9
«Q36D »

Q36E

Fumer est socialement acceptable.

(1/778)

Fermement en désaccord	1
Plutôt en désaccord	2
Plutôt d'accord	3
Fermement d'accord	4
NSP/PDR	9
«Q36E »	

Q36F

Rotation => Q36J

Les fumeurs devraient toujours être prêts à éteindre leur cigarette si quelqu'un autour d'eux est incommodé par la fumée.

(1/779)

Fermement en désaccord	1
Plutôt en désaccord	2
Plutôt d'accord	3
Fermement d'accord	4
NSP/PDR	9
«Q36F »	

Q36G

Les fumeurs devraient avoir le droit de fumer dans leur maison ou leur voiture.

(1/780)

Fermement en désaccord	1
Plutôt en désaccord	2
Plutôt d'accord	3
Fermement d'accord	4
NSP/PDR	9
«Q36G »	

Q36H

Les non-fumeurs devraient avoir droit à un environnement sans fumée dans tous les lieux publics.

(1/781)

Fermement en désaccord	1
Plutôt en désaccord	2
Plutôt d'accord	3
Fermement d'accord	4
NSP/PDR	9
«Q36H »	

Q36I

Les fumeurs devraient avoir le droit de fumer dans tous les lieux publics où l'usage du tabac est permis.

(1/ 782)

Fermement en désaccord	1
Plutôt en désaccord.....	2
Plutôt d'accord.....	3
Fermement d'accord.....	4
NSP/PDR.....	9

«Q36I »

Q36J

Il est important pour les parents de procurer à leurs enfants un environnement sans fumée.

(1/ 783)

Fermement en désaccord	1
Plutôt en désaccord.....	2
Plutôt d'accord.....	3
Fermement d'accord.....	4
NSP/PDR.....	9

«Q36J »

Q37

NE PAS LIRE LA LISTE; ACCEPTER TOUTE RÉPONSE PERTINENTE

De quelle façon, le cas échéant, le fait de respirer de la fumée secondaire affecte-t-il la santé des gens? NOTE: RECHERCHER DES PROBLEMES DE SANTÉ PARTICULIERS

(1/ 784 - 786 - 788 - 790 - 792 - 794 - 796 - 798 - 800 - 802)

Diminution de la fonction pulmonaire	11
Asthme.....	12
Bronchite	13
Pneumonie	14
Infection de l'oreille moyenne	15
Syndrome de mort subite du nourrisson	16
Cancer du poumon.....	17
Maladie cardiaque.....	18
Croup	19
Mal de gorge.....	20
Autre réponse (préciser)	77 O
Ne peut nommer aucun effet sur la santé.....	97 X
Il n'y a pas d'effet sur la santé	98 X
NSP/PDR.....	99 X

P38

La fumée secondaire peut affecter la santé des gens de diverses façons. Dites-moi s'il vous plaît si vous croyez que la fumée secondaire contribue certainement, probablement, probablement pas ou certainement pas aux maladies suivantes. . . ?

Q38A

Rotation => Q38G

L'asthme

(1/ 804)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38A »

Q38B

Les infections de l'oreille moyenne

(1/ 805)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38B »

Q38C

Le syndrome de mort subite du nourrisson

(1/ 806)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38C »

Q38D

Le cancer du poumon

(1/ 807)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38D »

Q38E

Les maladies cardiaques

(1/ 808)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38E »

Q38F

Les maux de gorge

(1/ 809)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38F »

Q38G

Les infections respiratoires

(1/ 810)

Certainement pas 1
Probablement pas..... 2
Probablement..... 3
Certainement..... 4
NSP/PDR..... 9
«Q38G »

Q39*LIRE LA LISTE AU BESOIN*

Il me reste quelques questions générales à vous poser à des fins statistiques. Quel est le plus haut niveau de scolarité que vous avez atteint?

(1/ 811)

Un peu d'école secondaire 1
Diplôme d'études secondaires..... 2
Un peu de collège communautaire, d'école technique ou de métier, de CEGEP..... 3
Diplôme de collège communautaire, école technique ou de métier, CEGEP..... 4
Un peu d'université..... 5
Diplôme universitaire(Baccalauréat)..... 6
Un peu/diplôme d'études supérieures (Maîtrise, Ph.D.,diplôme professionnel)..... 7
NSP/PDR..... 9
«Q39 »

Q40*LIRE LA LISTE; ACCEPTER UNE SEULE RÉPONSE*

Laquelle des suivantes décrit le mieux votre situation d'emploi actuelle?

(1/ 812)

- | | |
|--------------------------------|------|
| Employé à plein temps | 11 |
| Employé à temps partiel | 12 |
| Travailleur autonome..... | 13 |
| Chômeur | 14 |
| Retraité | 15 |
| Personne au foyer | 16 |
| Étudiant..... | 17 |
| Autre réponse (préciser) | 77 O |
| NSP/PDR..... | 99 |
| «Q40 » | |
| «O_Q40 » | |
-
-

Q41

=> +1 si NOT (Q40=#1-#3)

Travaillez-vous surtout à partir de votre domicile ou ailleurs?

(1/ 815)

- | | |
|----------------|---|
| domicile | 1 |
| ailleurs | 2 |
| NSP/PDR..... | 9 |
| «Q41 » | |
-
-

Q42*LIRE LA LISTE; ACCEPTER UNE SEULE RÉPONSE*

Etes-vous. . . ?

(1/ 816)

- | | |
|--------------------------------|---|
| Marié ou en union de fait..... | 1 |
| Célibataire..... | 2 |
| Séparé ou divorcé | 3 |
| Veuf/veuve | 4 |
| NSP/PDR..... | 9 |
| «Q42 » | |
-
-

Quels sont <kids4> et le sexe de <kids > qui vit/vivent dans votre ménage?

	âge	Sexe
Enfant 1:	@q43a1	@q43a2
Enfant 2:	@q43b1	@q43b2
Enfant 3:	@q43c1	@q43c2
Enfant 4:	@q43d1	@q43d2
Enfant 5:	@q43e1	@q43e2
	99=NSP	1=Masculin/garçon
	00=Moins d'un an	2=Féminin/fille
		9=NSP

Q43A1

=> Q44 si QBB==99

FTPT

Est-ce que vos enfants habitent avec vous à plein temps ou à temps partiel? NOTE:
Si un enfant au moins habite avec le répondant, inscrire: à plein temps.

(1/ 832)

A plein temps..... 1
A temps partiel 2
NSP/PDR..... 9
«FTPT »

PTLN

=> +1 si NOT (FTPT=#2)

D'habitude, combien de jours en moyenne votre/vos vos enfants passe-t-il/passent-ils avec vous sur une période de 14 jours?

(1/ 833)

\$E 0 14
Aucune..... 00
NSP/PDR..... 99
«PTLN »

Q44

Etes-vous un Autochtone (c.-à-d. Indien d'Amérique du Nord appartenant à une bande, Inuit ou Métis)?

(1/ 835)

Oui..... 1
Non..... 2
NSP/PDR..... 9
«Q44 »

Q45**LIRE LA LISTE**

Quel était le revenu global de votre ménage, avant impôts et déductions, en 2003?
Cela comprend tous les membres de votre ménage, dont vous-même. Était-il de .
?

(1/ 836)

Moins de 20,000\$ 1
20,000\$ à 39,999\$ 2
40,000\$ à 59,999\$ 3
60,000\$ à 79,999\$ 4
80,000\$ à 99,999\$ 5
100,000\$ et plus 6
NSP/PDR 9
«Q45 »

Q46

Il se peut que nous voulions vous rejoindre plus tard pour un autre sondage.
Seriez-vous d'accord pour y participer?

(1/ 837)

Oui/peut-être 1
Non 2
«Q46 »

=> THNK

Me donneriez-vous quelques renseignements de base pour que nous puissions
communiquer avec vous plus tard?

Nom: @nam46

Tél.: (code) @are46 Numéro: @tel46

NAM46**ARE46****THNK***Fin de l'entrevue*

Merci beaucoup d'avoir bien voulu répondre à nos questions.

(1/ 898)

Complet 1 D
«THNK »
