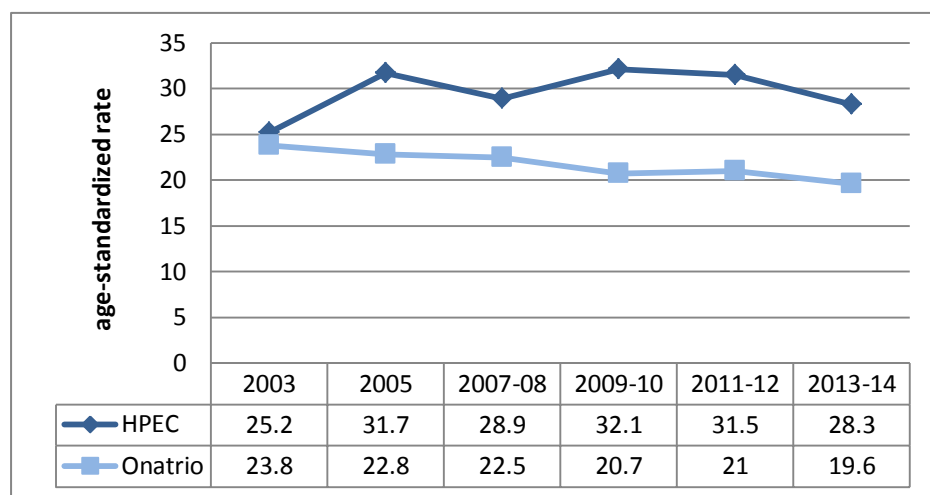


## Introduction

This report summarizes the main patterns and trends in tobacco use in Hastings and Prince Edward counties (HPEC) between 2003 and 2013/14, as well as comparisons to tobacco use in Ontario, where possible.

## Smoking Prevalence

### Adult Daily or Occasional Smoking Rate, HPEC and Ontario



Data Source: Canadian Community Health Survey, 2003 – 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

#### Key Message

From 2003 to 2013/14, the adult daily or occasionally smoking rate in HPEC has been consistently above the provincial rate.

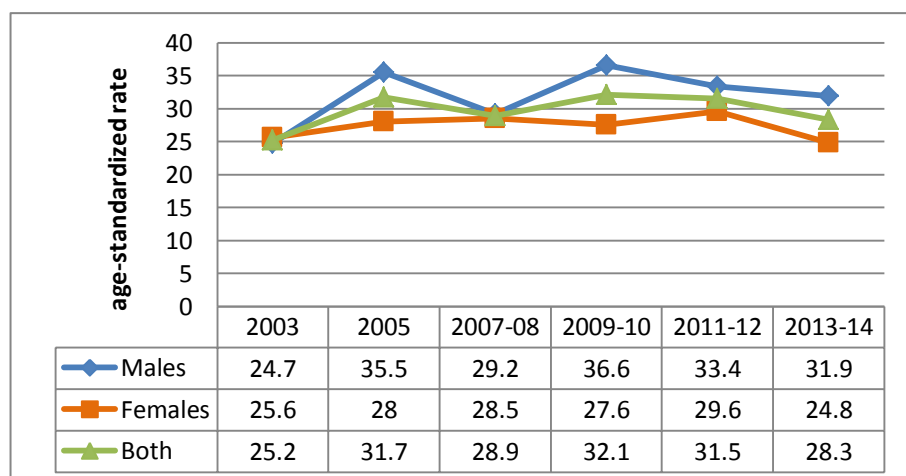
Moreover, the Ontario rate has been decreasing from 23.8% to 19.6%, compared to HPEC's fluctuating rate.

#### Action

Continue to offer one-on-one counselling and nicotine replacement therapy support (which meets the individual's nicotine needs in the quitting process) through We Can Quit clinics.

Continue to promote frequent quit attempts amongst smokers through a variety of quit smoking methods (e.g. We Can Quit Clinics, Smokers Help Line, Leave the Pack Behind, self-help, cold turkey, etc.).

### Adult Daily or Occasional Smoking Rate by Sex, HPEC



Data Source: Canadian Community Health Survey, 2003 – 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

#### Key Message

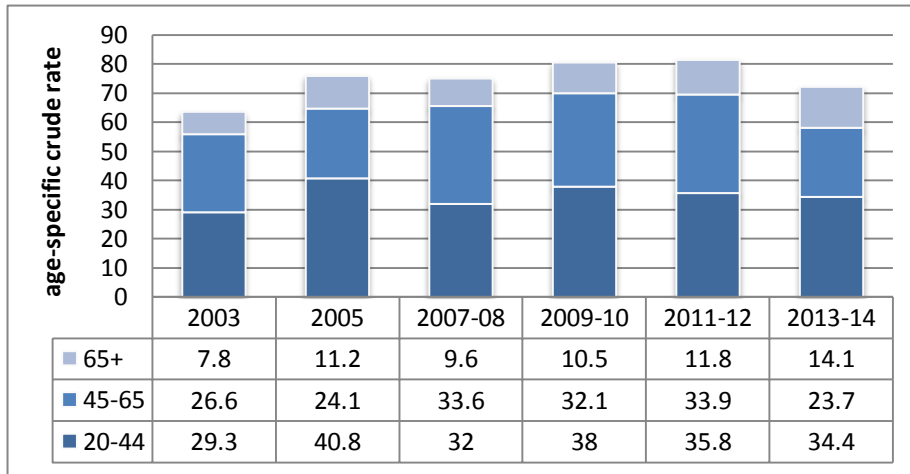
From 2003 to 2013/14, the daily or occasionally smoking rate for male adults fluctuated between 24.7% and 36.6%. The daily or occasionally smoking rate for female adults fluctuated between 24.8% and 29.6%.

#### Action

Continue to offer a comprehensive tobacco control program that includes targeted activities in the areas of smoking cessation, prevention and protection, aimed at reducing smoking rates in HPEC.

## Smoking Prevalence continued

### Adult Daily or Occasional Smoking Rate by Age Group, HPEC



Data Source: Canadian Community Health Survey, 2003 – 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

#### Key Message

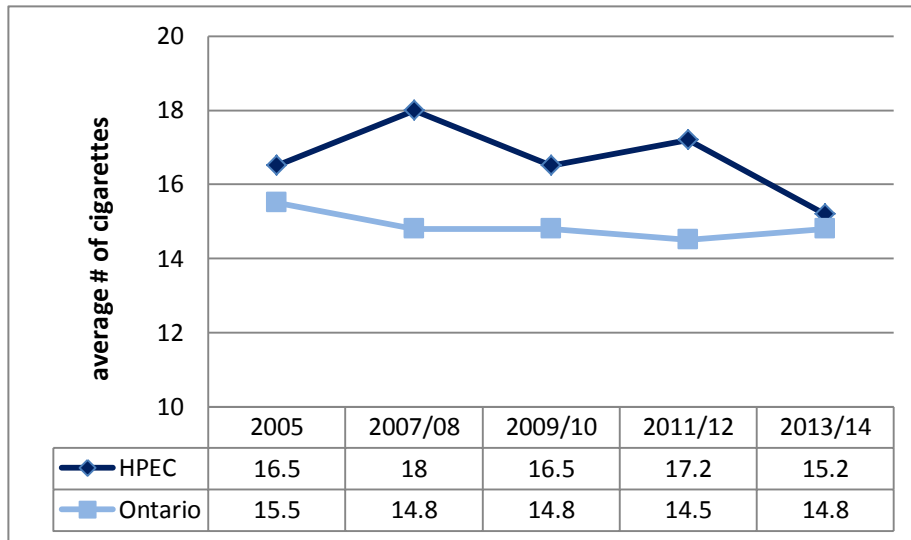
Adults aged 20-44 and 45-65 comprise the majority of all the daily or occasionally smokers from 2003 to 2013/14.

#### Action

Continue to offer a comprehensive tobacco control program that includes targeted activities in the areas of smoking cessation, prevention and protection, aimed at reducing smoking rates in HPEC.

## Smoking Behaviours

### Average Number of Cigarettes Smoked Daily by Daily Smoker



Data Source: Canadian Community Health Survey, 2005 – 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

#### Key Message

From 2005 to 2013/14, the average number of cigarettes smoked by daily smokers in HPEC has fluctuated from 15.2 to 18, which is higher than the provincial trend.

The average number of cigarettes smoked by daily smokers in Ontario has remained fairly stable at around 15 during this time period.

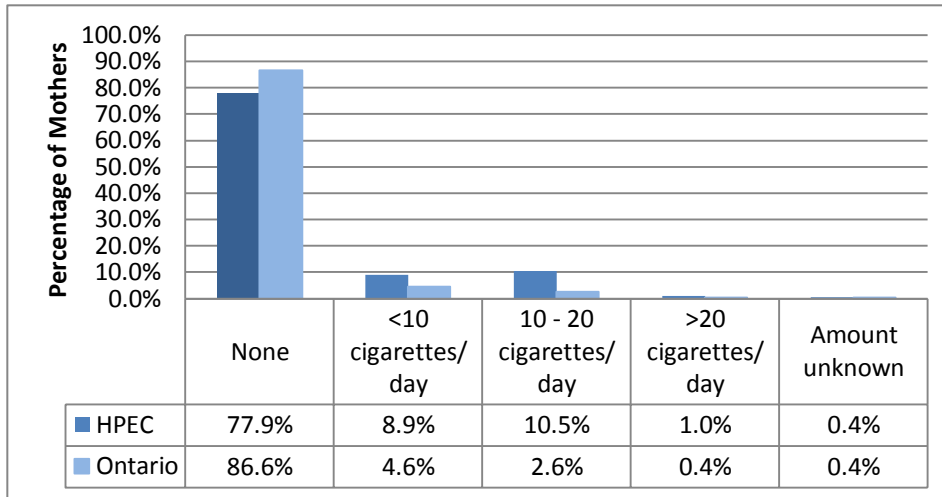
#### Action

Continue to offer We Can Quit clinics to service smokers through both one-on-one counselling and nicotine replacement therapy support, in order to reduce the amount of cigarettes smoked.

Continue to promote frequent quit attempts amongst smokers through a variety of quit smoking methods (e.g. We Can Quit Clinics, Smokers Help Line, Leave the Pack Behind, self-help, cold turkey, etc.).

# Smoking Behaviours, continued

## Maternal Smoking at Time of Infant Birth, 2014



\*While slightly more mothers in HPEC are smoking between 10 and 20 cigarettes per day (2013: 9.5%), slightly fewer are smoking less than 10 (2013: 9.8%) and more than 20 cigarettes per day (2013: 1.8%). More amounts of missing data in both Ontario and HPEC may account for the changes (2013: 0.6% HPEC, 2.0% Ontario; 2014: 1.3% HPEC, 5.5% Ontario).

### Key Message

Rates of smoking at time of infant birth are relatively unchanged from 2013 to 2014.

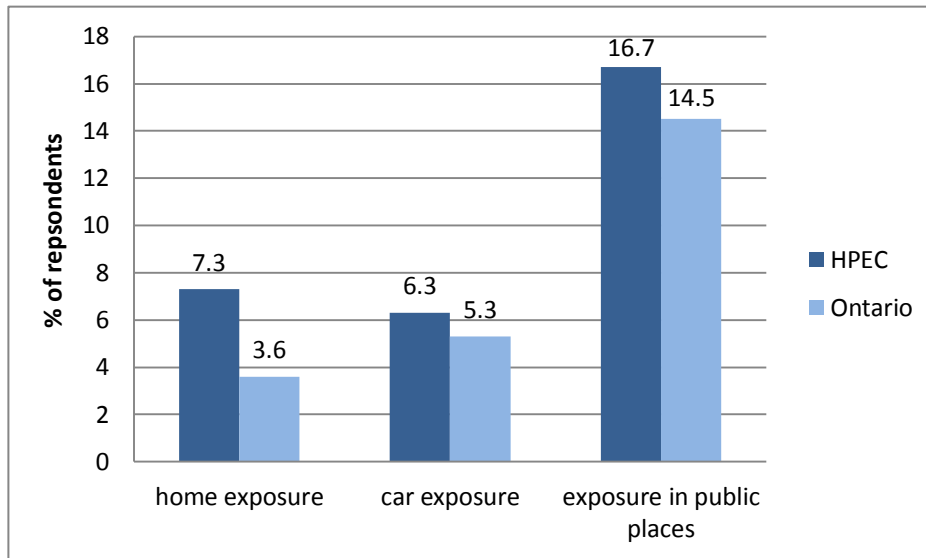
More mothers in HPEC smoke at the time of their infant's birth, as compared to the Ontario average rate.

### Action

Continue to accept referrals for mothers and their families through the We Can Quit prenatal/postnatal program.

Continue to educate the public about the importance of creating a smoke-free home and being a smoke free family, through prenatal education and other educational efforts (e.g. staff presentations, radio ads, social media, website, brochures, etc.)

## Exposure to Second-Hand Smoke, HPEC, 2013/14



### Key Message

In 2013/14, more people reported that they were exposed to second-hand smoke in public places (16.7%) in HPEC, as compared to at home (7.3%) or in a car (6.3%).

Compared to Ontario's rate (14.5%), people in HPEC reported more exposure to second-hand smoke in public places (16.7%)

### Action

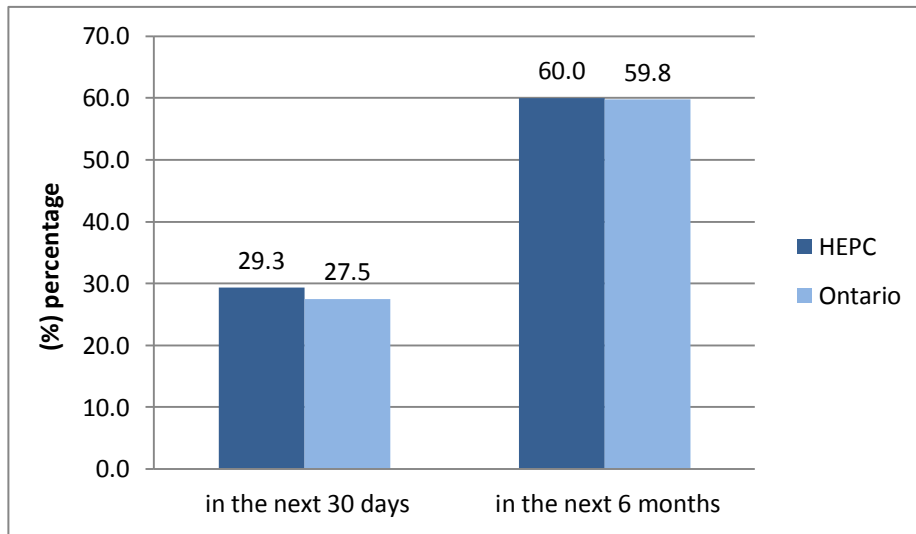
Continue to educate the public about the harmful health effects of second hand smoke (SHS) through staff presentations, media releases, radio ads, social media, website, brochures, etc.

Continue to vigorously enforce the Smoke Free Ontario Act for smoking violations in public and work places, to reduce the frequency of exposure to SHS.

Data Source: Canadian Community Health Survey, 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

# Smoking Behaviours continued

## Intention to quit smoking, HPEC and Ontario, 2013/14



Data Source: Canadian Community Health Survey, 2013/14. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

### Key Message

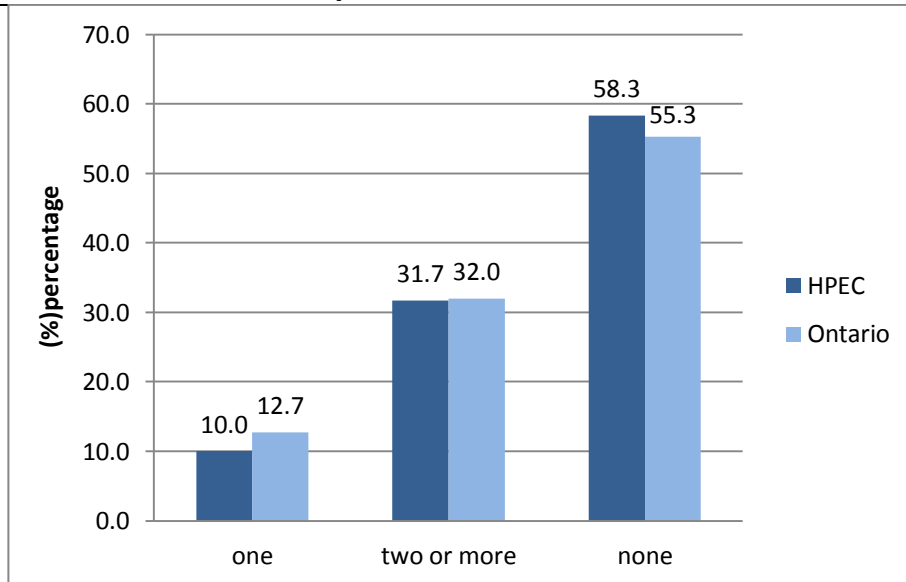
In 2013/14, the majority (60.0%) of smokers were seriously considering quitting in the next 6 months in HPEC, which is very similar to Ontario (59.8%).

### Action

Continue to promote frequent quit attempts amongst smokers through a variety of quit smoking methods (e.g. We Can Quit Clinics, Smokers Help Line, Leave the Pack Behind, self-help, cold turkey, etc.).

Explore partnerships with non-traditional community partners to deliver appropriate cessation messages to target populations (Youth/Young Adults, LGBTQ, Pregnant Women, etc.)

## Past Year Quit Attempts, HPEC and Ontario, 2013/14



### Key Message

In 2013/14, more than half of smokers in HPEC (58.3%) never attempted to quit.

For those who had attempted to quit, most of them (31.7%) had attempted two or more times. A similar pattern was observed in Ontario.

### Action

Continue to promote frequent quit attempts amongst smokers through a variety of quit smoking methods (e.g. We Can Quit Clinics, Smokers Help Line, Leave the Pack Behind, self-help, cold turkey, etc.).

#### Notes:

- Age-standardized rate is often used to make comparisons between two time periods or two different geographical areas. This rate accounts for the differences in the age structure of the populations. This method is particularly important when the characteristic being observed varies by age.
- Age-specific rate is calculated as the number of the events over a given time period in a specific age group divided by the population in that age group over the same time period. This method is used to account for differences in the distribution of a risk factor across a population.
- Daily smoker refers to people who reported that they smoke at least one cigarette per day.
- Intention to quit smoking is based on the percentage of current smokers who reported that they were planning on quitting in either the next 30 days or the next 6 months.
- The estimates in this report used self-reported data from the Canadian Community Health Survey (CCHS) and all age-standardized rates were adapted from the Public Health Ontario Snapshot. There are a number of limitations associated with CCHS data. First of all, self-reported data is very likely associated with social desirability bias. Secondly, self-reported data often have recall bias problems since people do not always remember and recall their behaviour. Finally, the small number of local/health unit sample size is unlikely to be a good representation of local population.

To request this document in an alternate format, or for more information about our

commitment to accessibility, call 613-966-5500, TTY: 711 or visit our website [www.hpepublichealth.ca](http://www.hpepublichealth.ca).