Canadians' smoking behaviour

Results from the National Population Health Survey

Centre for Chronic Disease Prevention and Control

Smoking starts early for many Canadians. Smoking prevalence increases dramatically during adolescence, according to a Health Canada publication, National Population Health Survey Highlights (cycle 2, 1996/97) on the Smoking Behaviour of Canadians. Young adults exhibit the highest smoking rates in Canada (**Figure 1**). In 1996-1997, a substantial percentage of very young Canadians smoked (8% of 12- to 14-year-olds).

The National Population Health Survey (NPHS), conducted by Statistics Canada every 2 years, provides cross-sectional estimates on a variety of health status and determinant measures. Cycle 2 of the NPHS, conducted in 1996-1997, captured information on the characteristics, attitudes, and beliefs of smokers and non-smokers. The NPHS also conducts interviews with a subsample of the same respondents every cycle. This longitudinal design allows exploration of individual behaviour changes over time, specifically in this case between cycle 1 (1994-1995) and cycle 2 (1996-1997) of the survey.

Smokers are changeable in their habits

According to the NPHS, the prevalence of smoking in Canada declined only slightly between 1994-1995 (31%) and 1996-1997 (29%). This slight decline, however, masks the volatility of many Canadians' smoking behaviour: more than 329 000 Canadians aged 15 and older who did not smoke in 1994-1995 had started smoking by 1996-1997, and most were younger than 25. In addition, an estimated 618 000 former smokers in 1994-1995 had resumed smoking by 1996-1997. These 947 000 new smokers and relapsed quitters replaced the 968 000 smokers who had quit by 1996-1997.

These results suggest that almost 2 million Canadians changed their smoking status (either started or stopped) from 1994-1995 to 1996-1997. Also, since the NPHS compares reported smoking status at two points in time, this estimate misses, for example, smokers who tried to quit during the 2 years but were unsuccessful. The number of people who actually changed their smoking status at some point during this 2-year period is likely higher than 2 million.

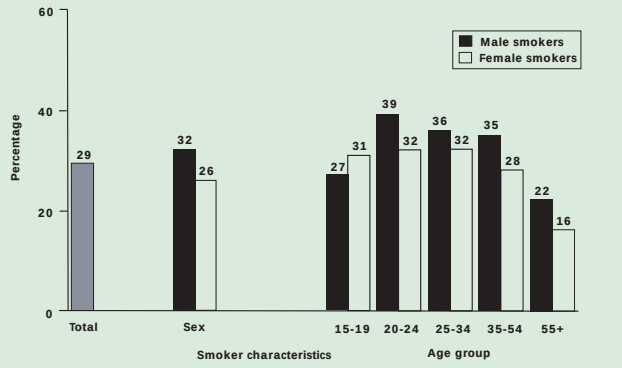
Why Canadians start and stop smoking

Most smokers (91%) know that smoking causes health problems, and concern about health was the main reason given both for quitting and for cutting down. Despite this knowledge, however, social pressures induce many Canadians to start smoking or resume smoking (ie, relapse). The smoking of others (ie, "everyone around me smokes," "family and friends smoke") was the main reason given both for starting to smoke and for taking up the habit again.

Many smokers want to quit

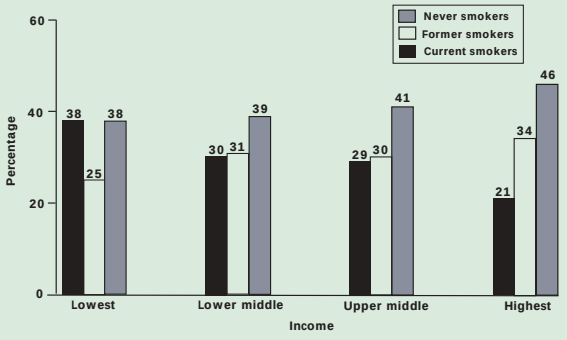
About half of all daily smokers surveyed in 1996-1997 (49%) said they intended to quit in the following 6 months.

Figure 1. **Disease surveillance on-line**



Source: National Population Health Survey, Cycle 2, 1996/97.

Figure 2. **Smoking status by income:** Patients 15 years and older in Canada, 1996-1997



Source: National Population Health Survey, Cycle 2, 1996/97.

Intention was highest among young smokers and lowest among older smokers: 54% (15- to 24-year-olds) versus 41% (55-year-olds and older). Men and women were equally likely to indicate that they intended to quit.

Although intentions to quit appear quite high, only 9% of daily smokers in 1994-1995 had actually quit by 1996-1997. The relation between intention to quit and actual quitting could not be directly assessed, but results suggest that many smokers who are motivated to quit find it very difficult to do so.

Canadians at high risk

In 1996-1997, 31% of men in Canada smoked, compared with 26% of women. Among daily smokers, men smoked more, on average, than women (19 vs 16 cigarettes daily, respectively). However, there is little evidence from the NPHS that men and women differ in their ability to quit smoking.

Results of the NPHS do show that those in lower-income groups are not only more likely to smoke than those in higher-income groups, they are also less likely to have quit smoking (**Figure 2**). Compared with those in the highest income category, smokers in the lowest category are:

- more likely to report that most or all of their friends smoke,
- more likely to live with a partner who smokes,
- more likely to report heavy addiction to smoking, and
- less likely to report intentions to quit in next 6 months.

These factors are probably strong contributors to whether a person quits smoking successfully and could partially explain differences in smoking prevalence and quit rates across socioeconomic groups.

Children exposed to environmental tobacco smoke

Seventy percent of smokers and 88% of non-smokers in 1996-1997 agreed that environmental tobacco smoke (ETS) exposure can cause health problems in non-smokers. Nevertheless, an estimated 33% of Canadian children under the age of 12 were being regularly exposed to ETS in their homes in 1996-1997. Even in households where smokers agreed that ETS exposure can cause health problems in non-smokers, regular exposure of children to ETS was the norm. Given the range of health problems associated with ETS exposure in non-smokers, assisting parents to minimize their children's exposure is a priority.

Implications of the NPHS results

The dynamic nature of smoking for many Canadians means that there are ample opportunities for physicians to step in and offer support, either to prevent smoking or to encourage attempts at quitting. Most smokers do know that their health will be affected, and many report the intention to quit. If this motivation is evident, physicians can help by encouragement, guidance on factors that might contribute to relapse (eg, stress management), or discussion of alternative strategies or programs. Clearly, some socioeconomic groups are more likely to smoke than others and are less likely to consider quitting or to be successful in their attempts. Routinely asking such people about smoking can open the door to discussion and to strong messages about health consequences.

Similarly, if parents of young children are known to be smokers, emphasizing the effects of ETS on those children can be a useful way of increasing motivation to stop. Smoking has such far-reaching health consequences that every piece of information to emerge from surveys such as the NPHS must be put to use in helping people to stop or not start smoking.

For a copy of Health Canada's National Population Health Survey Highlights (cycle 2, 1996/97) on the Smoking Behaviour of Canadians, contact the Cancer Bureau, Centre for Chronic Disease Prevention and Control, Address Locator 0602E2, Tunney's Pasture, Ottawa, ON K1A 0L2, or visit website www.hc-sc.gc.ca/hpb/lcdc/bc/nphs.

Sleeping supine best for infants

Statistical evidence for advising patients

Babies sleeping on their backs (supine) have the lowest risk of sudden infant death syndrome. The Canadian Foundation for the Study of Infant Deaths, together with the Canadian Institute of Child Health, the Canadian Pediatric Society, and Health Canada, released a revised Joint Statement in 1999 promoting the supine sleeping position for healthy infants. The new statement summarizes statistical evidence that the supine sleeping position reduces risk of SIDS and answers such questions as the following.

- Is the side (lateral) sleeping position safe?
- Does the back sleeping position increase aspiration among healthy infants?
- Does the back sleeping position cause changes in the shape of infants' heads?
- Is the back position recommended for healthy infants while awake?
- Is the back sleeping position recommended for all infants?
- Should products be used to keep babies on their backs during sleep?
- What is the role of health professionals in reducing sudden infant death syndrome?

For additional information, readers can contact the Canadian Perinatal Surveillance System, Health Canada, LCDC Building, Tunney's Pasture, A.L. 0601E2, Ottawa, ON K1A 0L2; telephone (613) 941-2395; fax (613) 941-9927; website www.hc-sc-gc.ca/hpb/lcdc/brch/reprod; or can contact The Canadian Foundation for the Study of Infant Deaths, 586 Eglinton Ave E, Suite 308, Toronto, ON M4P 1P2; telephone 1-800-END-SIDS (363-7437); e-mail sidscanada@inforamp.net; website www.sidscanada.org.