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## ENVIRONMENTAL TOBACCO SMOKE (ETS) IN ONTARIO HOMES: BEHAVIOURS AND BELIEFS ABOUT HEALTH RISKS

Few health hazards have been subject to as many scientifically rigorous reviews as second-hand smoke. The conclusions from these reviews are clear: Exposure to second-hand smoke causes heart disease and lung cancer in adults and can cause sudden infant death syndrome (SIDS), bronchitis, lower respiratory tract infections, asthma exacerbation, middle ear disease and respiratory symptoms in children.\* All involuntary exposure to tobacco smoke is harmful and should be eliminated.

Between May 2000 and December 2000, population-based data were collected by telephone interview with 1,285 Ontario residents 18 years or older regarding perceptions of ETS and exposure in the home and smoking behaviours of household members. Specifically, respondents were asked their views about the importance of ETS as a health issue, social norms about smoking and ETS, smoking behaviours of household members, reasons for quitting and relapse for former and current smokers, restrictions on smoking in the workplace and public places, exposure to ETS, behaviours to reduce ETS in the home and sociodemographic information.

All reported findings have been weighted with the survey design taken into account. Unless otherwise indicated, all comparative findings are statistically significant ( $p < 0.05$ ).

### **More than one quarter of respondents reported that there was second-hand smoke in their homes.**

- In 27% of Ontario homes, residents are exposed to second-hand smoke--21% on a daily basis and 6% on an occasional basis.

### **In homes where smoking takes place, those with children are more likely to have rules, understandings, or agreements about smoking<sup>1</sup> (restrictions) for both family members and visitors, than homes without children.**

- 61% of homes with children and at least one adult smoker had restrictions for family members about smoking in the home compared to 46% of smoking households with no children.
- 58% of homes with children and at least one adult smoker had smoking restrictions for visitors compared to 40% of smoking households with no children.

### **Homes with at least one adult non-smoker and/or one child are more likely to restrict smoking in the home.**

- In households with no children, 52% of homes with at least one adult non-smoker had smoking rules compared to 28% of homes where all adults smoked.
- In households with children, 73% of homes with at least one adult non-smoker had smoking rules compared to 60% of homes where all adults smoked.

<sup>1</sup> Restrictions include smoking restricted to certain areas of the house, not smoking when children are present, and smoking banned from the home.

**Beliefs about health risks: Non-smokers (including former smokers) are more likely than current smokers to believe that second-hand smoke causes certain diseases and conditions.**

- 33% of non-smokers believed that second-hand smoke is a cause of *heart attacks* in non-smokers compared to 19% of smokers.<sup>2</sup>
- 65% of non-smokers believed that second-hand smoke is a cause of *chest problems* in children compared to 19% of smokers.
- 30% of non-smokers believed that second-hand smoke is a cause of *ear infections* in children compared to 13% of smokers.

**Respondents living in homes with smoking restrictions are more likely to believe that second-hand smoke causes certain diseases and conditions than those living in homes without smoking restrictions.**

- 32% of respondents from households with smoking restrictions believed that second-hand smoke is a cause of *heart attacks* in non-smokers compared to 18% without restrictions.
- 63% of respondents from households with smoking restrictions believed that second-hand smoke is a cause of *chest problems* in children compared to 46% without restrictions.

**Less than half of the smokers surveyed personally do something to reduce or eliminate second-hand smoke from their homes. However, with the exception of going outside to smoke, there is no evidence that these techniques have a significant impact on second-hand smoke exposure.**

- Substantial proportions of smokers surveyed said that, all or most of the time, they opened windows when smoking (77%), used fans (55%), refrained from smoking with children in the room (50%), restricted smoking to certain areas of the house (48%), and/or went outside to smoke when children were present (45%).
- About one-quarter of smokers said that, all or most of the time, they smoked outside when someone was home (27%) or blew smoke directly out a window (24%).

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<sup>2</sup>p = 0.09

\* For further information on the health effects of ETS, please see:

- 1) Ontario Tobacco Research Unit. *Protection from second-hand smoke in Ontario: A review of the evidence regarding best practices*. Special Reports May 2001. [http://www.camh.net/otru/pdf/special\\_ets\\_eng.PDF](http://www.camh.net/otru/pdf/special_ets_eng.PDF)
- 2) National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10*. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.
- 3) He J, Vupputuri S, Allen K, Prerost MR, Hughes J, Whelton PK. Passive smoking and the risk of coronary heart disease – A meta-analysis of epidemiologic studies. *New England Journal of Medicine* 1999. Vol 340(12): 920-926.