Public Opinion Regarding Smoking in Public Places and Workplaces in the Greater Kingston Area

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In 1994, Ontario proclaimed the Tobacco Control Act (TCA), which among other things, restricts smoking in many public places and prohibits it in others. Many municipalities in Ontario, including some in the Greater Kingston Area (GKA), have passed bylaws prohibiting or limiting smoking in public places. In June and July 1996, we surveyed the GKA to determine support for a smoking ban in most indoor public places and workplaces. The results would be used to encourage municipalities to enhance local bylaws.

METHODS

Trained interviewers conducted the telephone survey to randomly selected persons 19 years of age and older who resided in the GKA. The survey instrument was adapted from three existing tools¹⁻³ and pretested on a convenience sample of 20 people. A maximum of seven attempts, at varying times of the day, was made to survey each eligible household.

RESULTS

We attempted to contact 468 households. Of these, 17 were ineligible (10

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Site	Support (n = 327) %	Males (n=94) %	Females (n=230) %	Smokers (n=72) %	Non-Smokers (n=252) %
Municipal buildings	88	84	90	88	88
Lobbies, stairways and common areas of apartment buildings, etc.	86	71	92*	88	85
Taxis	82	69	87*	68	86*
Workplaces	74	60	80*	58	78*
Convention facilities	74	65	78	61	78*
Shopping malls	72	64	76	58	76*
Bowling alleys	66	52	71*	49	71*
Bingo halls	62	53	66*	41	68*
Restaurants and cafes	57	42	63*	20	67*
Billiard halls	44	32	49*	33	47
Bars and nightclubs	37	24	43*	7	46*
Outdoor seating of restaurants and cafes	26	20	29	7	32*

* statistically significant difference noted¹¹

homes were outside the study area, a communication barrier was noted at 4 homes and there were no eligible respondents at 3) and there was no answer at an additional 30 households. Of the remaining 421, 78% agreed to participate.

Females were over-represented among respondents, 71% (CI 66-76) compared to 52 % in the general population.⁴ As well, the sample was over-represented in the 45-64 year age group, 36% (CI 31-41) compared to the proportion found in the general population (26%). Smoking status of the study population (22%, CI 18-27) did not differ significantly from that of the general population (28%, CI 24-31).⁵

The majority of respondents (80%) supported the concept of a bylaw to make most indoor public places and workplaces smoke-free. No significant differences were noted among the age groups or municipality of residence. Eighty-eight percent of non-smokers and 54% of smokers supported a smoke-free bylaw in most indoor public places and workplaces.

Table I illustrates support for a smoke-free ban by site, sex and smoking status. Table II presents respondents' opinions on their future usage of selected sites in the event that a smoking ban is implemented. In all sites, individuals reported they would use the sites more frequently. Sites where increased use would be the greatest included bingo halls, bowling alleys, taxis, bars/nightclubs and restaurants.

An overwhelming majority of respondents (88%) agreed that children should be protected from second-hand smoke in public places frequented by children. No statistically significant differences were noted among age groups, levels of education, municipality of residence or smoking status.

Seventy-four percent of respondents reported they work outside the home. Of these, 52 (22%) were exposed to second-hand smoke at work and half stated it bothered them. More males (35%, CI 24-46) than females (16%, CI 10-21) were exposed to second-hand smoke at work.

TABLE II
Percentages of Respondents to Question

If these places were completely smoke-free, would you use them...?				
Site (n=327)	More Often	Same	Less Often	Difference
Bingo halls (n=128)	47	41	10	+37
Bowling alleys (n=158)	39	48	13	+26
Taxis (n=240)	30	65	5	+25
Bars and nightclubs (n=173)	38	44	17	+21
Restaurants and cafes (n=320)	32	55	12	+20
Shopping malls (n=320)	22	73	5	+17
Billiard halls (n=91)	34	47	18	+16
Outdoor seating of restaurants and cafes (n=262)	18	65	14	+4

Note: n = number of respondents who reported they used the site
Proportions may not add to 100% as "not sure" and "no answer" responses were excluded

Twenty-five percent of smokers (CI 14-36) were exposed to second-hand smoke compared with 20% (CI 15-26) of non-smokers; of the latter, 63% (CI 48-78) were bothered by it.

DISCUSSION

This study had some limitations. A response bias may have been introduced because households, rather than respondents, were randomized; this may account for the imbalance between female and male respondents. The sample was limited to those who had a telephone number listed in the Canada Phone database and the generalization of these results is restricted to areas demographically similar to the GKA.

Overall, given the climate today and the proportion of non-smokers in the population, the results were expected. Even though there were statistically significant differences between smokers' and non-smokers' support for a smoking ban, more than 50% of smokers did support a ban in most indoor public places and, specifically, in municipal buildings, common areas of buildings, taxis, workplaces, convention facilities and shopping malls. This would indicate that smokers, as well as non-smokers, are concerned about the issue of environmental tobacco smoke (ETS).

A strong positive trend was identified indicating an increased use of facilities, such as restaurants and bowling alleys, if a

smoking ban were in place. In fact, if the net gain were extrapolated to the GKA population, there would be an estimated net gain of more than 19,000 adults who would frequent restaurants more often. This contradicts the hospitality industry's argument that a smoke-free ban is bad for business, and supports the experience of U.S. municipalities who report that restaurant sales did not decrease after a smoking ban was put in place.⁶

Exposure to ETS in the workplace remains a problem in the GKA. Almost one-quarter of the workforce reported being exposed, and half of those were bothered by it. Given that ETS is classified as a Group A (known human) carcinogen, in the same class as arsenic, asbestos, and radioactive substances, this has serious occupational health implications.⁷ Epidemiological evidence suggests that there is a 50% increase in lung cancer risk among food-service workers that can be partly attributable to workplace ETS.⁸

Young children exposed to ETS are at risk for increased respiratory problems. Exposed children, especially infants, suffer from ear infections, colds, bronchitis, asthma, pneumonia, and undergo surgery to remove their tonsils and/or adenoids more often than non-exposed children.^{9,10} The strong support for smoke-free spaces expressed in this study should be carefully considered by the municipalities during bylaw deliberations.

Public opinion is an important influence in the development of public policy and this study has shown that the public strongly supports a smoking ban. Therefore, the following recommendations will be forwarded to the municipalities for consideration: 1) enhance existing municipal bylaws by making smoke-free those places which received the support of the majority of the public; 2) enhance existing municipal bylaws by making smoke-free those places where children go; 3) make restaurants designate at least 75% of their area non-smoking and make restaurants smoke-free by the year 2000; and 4) allow smoking in places which are frequented largely by adults.

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