



Public Perceptions of the Relevance and Progress of Tobacco Control in Canada

FINAL REPORT

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EXECUTIVE SUMMARY

The current study examines perceptions of the general public and youth and smokers in particular about the seriousness of the risks associated with tobacco use and the support for government involvement, as well as perceived mix of involvement of all major partners involved in tobacco control. This survey is designed to complement other findings in support of mid-term evaluation of the Federal Tobacco Control Strategy, a ten-year federal government-wide program designed to reduce the prevalence of smoking and tobacco-related illness and death through comprehensive, integrated and sustained efforts in a number of areas (e.g., research, public policies such as taxation, mass media). The survey includes 2,317 cases of permanent residents of Canada, who are 15 years of age or older. The survey includes a total (oversample) of study 600 youth (between the ages of 15 and 19) and 800 smokers. The overall margin of error is +/- 2.0 per cent (and +/-4.0 and 3.5 per cent, respectively in the over samples). The survey was collected in August and September, 2006.

Overall, Canadians are well-aware of the health risks associated with smoking — more than three-quarters indicate that the harm to the health of smokers caused by smoking cigarettes is very serious. A somewhat smaller, though still substantial, proportion indicate the harmfulness of SHS to be very serious. Perceived seriousness is a good indicator of perceived relevance and federal support for a strong role, however, it is also a measure that most Canadians rate highly.

While there is significant consensus on the harmfulness of smoking and SHS, there is less convergence on the evolving risk — one in three believe the health risk posed by tobacco has stayed about the same over the past five years. One in three say the risk has decreased, citing a decline in prevalence rates, smoking bans and greater public awareness of the risks of smoking. A similar proportion, however, believe the health risk associated with tobacco has increased over the last five years owing to the number of Canadians who are still smoking, high rates of smoking among youth in particular, increasing evidence of the link between smoking and cancer and the addictive properties of cigarettes. Reasons cited by Canadians for their thinking suggest that a perceived increase is driven by increasing awareness of the issue and not an increase in the “real threat” of tobacco.

In the midst of the general acceptance of the dangers of smoking and SHS, there is a small, but consistent, pocket that tends to downplay the seriousness, namely, smokers themselves. As a result, this muted appreciation for the dangers of tobacco is also more concentrated among Quebeckers and those with lower levels of education. The regression analyses indicate strong linkages between smoker status and appreciation for the harm and seriousness of tobacco, as well as for (federal) government involvement in tobacco control.

Canadians have a surprisingly inflated estimate of the Canadian population that smokes. While the most recent CTUMS data indicate that about 19 per cent of Canadians smoke, on a regular or occasional basis, the general public places the figure at an astonishing 42 per cent. Still, while the estimate

is high, the sub-group differences in the estimates tend to vary with differences in prevalence rates among these groups: for example, Quebeckers and Aboriginal people provide comparatively higher estimates of smoking prevalence, consistent with above average prevalence rates in their respective populations. Nonetheless it is interesting to see that along with a deeper appreciation of the threat of harm from tobacco, to smokers and non-smokers alike, is an inflated perception of the prevalence in today's society. This suggests a potential conundrum for the Strategy in the future, particularly since the perceived incidence of smoking in the population is a key driver of rated seriousness of the harm of smoking and SHS. Moreover, those who provide a higher estimate of the Canadians public that smoke are also more apt to perceive the risk posed by tobacco to be increasing and to favour increased federal government involvement in tobacco control.

On the other hand, when given the option for government to continue to focus on tobacco as a high priority or to focus now on other health issues (given that the incidence of smoking has been reduced to one in five), two-thirds of Canadians do believe that the issue should continue to be a priority. This is higher among non-smokers and those who believe that the health risks associated with tobacco are serious and increasing. (Among smokers opinion on this is equally divided, and among those with a more muted sense of the risk of tobacco, the majority believe that tobacco control should not be a priority for the federal government.)

Across the country, despite their already low smoking prevalence rate (actual and perceived), support for a continued government focus on tobacco as opposed to other health issues is higher in BC (and somewhat higher among non-smokers and those who perceive the health risks to be very serious).

Awareness of government action in the area of tobacco control is also high — almost eight in ten can identify something the federal government does in the area of tobacco control (though the examples they cite — e.g., smoking bans — are not always entirely within the federal jurisdiction). The segments of Canadians who are least aware of federal strategies in tobacco control are among those who are perhaps least amenable to them: smokers, those who feel the health risks of tobacco are not serious and lower socio-economic status Canadians (who also have higher smoking rates). Strategies tend to vary by region, owing to differences in the prominence of the various provincial strategies, suggesting that Canadians are not always clear on the roles of the federal and provincial governments. This may not matter, given that a founding principle of the Federal Tobacco Control Strategy is the advantage of an integrated and coordinated approach, however, it makes it more difficult to isolate evidence of public appreciation of federal efforts.

High awareness of government actions is coupled with substantial support for the government's involvement in the Strategy. Two-thirds of Canadians support the types of efforts undertaken as part of the FTCS, though support is weaker among smokers and those segments with higher smoking prevalence rates (e.g., Quebeckers, visible minorities and Aboriginal people, lower socio-economic status). The regressions suggest that smoking status and perceived severity of the problem are among the primary drivers of federal support for involvement, although some Canadians (albeit a small proportion) simply do not see a role for governments in tobacco control.

About half of Canadians believe the federal government should maintain its current level of involvement in tobacco control, while one in three believe it should increase involvement (higher among those who perceive the health risks to be serious and increasing and who estimate a higher proportion of the public to be smoking). Very few Canadians would advocate a decrease in federal involvement. Canadians most often cast the role of the federal government as equal partner with provinces and non-governmental organizations, with about one in four favouring the federal government in a leadership role (more often by those who would like to see increased federal involvement in the issue).

Just as the federal government believes that the FTCS would be most successful using an integrated and coordinated approach, Canadians also advocate a strong role for a number of partners, including NGOs, health care professionals, the three levels of government and even the tobacco industry and Canadians themselves. In fact, the level of involvement and responsibility argued by Canadians for the tobacco industry and Canadians at large is surprisingly high and relatively equal proportions of Canadians would argue for strong involvement of all parties.

There are areas where the federal government has a clearer mandate than the other levels of government or other partners. Canadians place their strongest support behind federal responsibility in the areas of regulation of both the manufacturing and sale of tobacco products, as well as smuggling. In each of these cases, Canadians may be looking for a national consistency of approach, giving the provincial government in each case as a strong secondary role. Cessation, prevention of youth uptake and second-hand smoke are areas where the role of any single organization is less clear. In these cases, Canadians more often see a coordinated approach, involving many partners, and no clear consensus on one leader. In each of these cases, more Canadians suggest that the federal government should have the primary responsibility than make that argument for other organizations, but nonetheless, opinion is divided.

SOMMAIRE

La présente étude porte sur les perceptions, dans la population en général et chez les jeunes et les fumeurs en particulier, au sujet de la gravité des risques liés au tabagisme et au sujet de l'appui que reçoit l'engagement gouvernemental, de même que sur la combinaison perçue des niveaux d'engagement des partenaires d'importance participant à la lutte contre le tabagisme. Le sondage vise à compléter d'autres observations sur lesquelles se fonde l'évaluation de mi-parcours de la Stratégie fédérale de lutte contre le tabagisme, programme décennal se déployant à l'échelle de l'administration fédérale en vue de réduire la prévalence du tabagisme ainsi que des maladies et des décès associés au tabac grâce à des efforts globaux, concertés et soutenus dans divers domaines (travaux de recherche, politiques gouvernementales comme en matière de fiscalité, médias, etc.). Le sondage réunit 2 317 cas de résidents permanents du Canada qui ont au moins 15 ans. Le (suréchantillon du) sondage comprend au total 600 jeunes (entre 15 et 19 ans) et 800 fumeurs. La marge d'erreur globale s'établit à +/- 2,0 p. 100 (et à +/-4,0 et 3,5 p. 100, respectivement, dans les suréchantillons). Le sondage s'est déroulé en août et en septembre 2006.

Dans l'ensemble, les Canadiens sont pleinement conscients des risques que pose le tabagisme pour la santé. En effet, plus des trois quarts d'entre eux indiquent que les méfaits pour la santé que cause la cigarette chez les fumeurs sont très graves. Dans une proportion quelque peu inférieure, mais néanmoins importante, les Canadiens signalent que la fumée secondaire est aussi très nocive. La perception de la gravité est un bon indicateur des perceptions à l'égard de la pertinence des initiatives du gouvernement fédéral ainsi que de l'appui qu'il reçoit dans un rôle d'importance. Par ailleurs, c'est aussi une mesure dont la plupart des Canadiens font grand cas.

Encore que les Canadiens conviennent par consensus que le tabagisme et la fumée secondaire sont nocifs, les avis concordent moins pour ce qui concerne l'évolution du risque. Le tiers des répondants sont d'avis que le risque que représente le tabagisme pour la santé n'a pas vraiment changé depuis cinq ans. Un tiers des répondants affirment par ailleurs que le risque a diminué. À ce sujet, ces derniers mentionnent le recul des taux de prévalence, les interdictions de fumer et une meilleure sensibilisation de la population aux risques liés au tabagisme. Une proportion semblable des répondants sont toutefois d'avis que le risque pour la santé lié au tabagisme s'est accru au cours des cinq dernières années à cause du nombre de Canadiens qui continuent de fumer, des forts taux de tabagisme chez les jeunes en particulier, ainsi que de la masse plus importante de données probantes démontrant le lien entre le tabagisme et le cancer et indiquant que la cigarette entraîne une dépendance. Les motifs qu'invoquent les Canadiens pour expliquer leurs opinions à ce sujet font penser que l'augmentation perçue découle d'une meilleure sensibilisation au tabagisme plutôt que d'un accroissement de la « menace réelle » que constitue le tabac.

En parallèle de la reconnaissance générale des risques liés au tabagisme et à la fumée secondaire, persiste un groupe restreint, mais stable de répondants qui ont tendance à minimiser la gravité

du tabagisme, notamment les fumeurs. Par conséquent, cette évaluation adoucie des risques du tabagisme se présente principalement chez les Québécois et chez les personnes moins scolarisées. Les analyses de régression révèlent des liens importants entre le statut de fumeur et l'appréciation des méfaits et de la gravité du tabagisme, de même que de l'engagement gouvernemental (fédéral) au chapitre de la lutte contre le tabagisme.

Les Canadiens établissent une estimation étrangement exagérée de la proportion de fumeurs dans la population en général. Tandis que les plus récentes données de l'ESUTC indiquent qu'autour de 19 p. 100 des Canadiens fument régulièrement ou à l'occasion, dans la population en général, l'estimation atteint un résultat ahurissant de 42 p. 100. Ceci dit, encore que cette estimation soit élevée, les estimations des sous-groupes ont tendance à varier selon leurs taux de prévalence respectifs : par exemple, les Québécois et les Autochtones établissent des estimations de la prévalence du tabagisme, relativement plus élevées, qui rejoignent les taux de prévalence au-dessus de la moyenne que l'on constate dans ces populations. Il est néanmoins intéressant de constater qu'une meilleure appréciation des risques liés au tabagisme s'accompagne chez les fumeurs et chez les non-fumeurs d'une perception exagérée de la prévalence dans la société actuelle. Cette situation pourrait constituer une énigme, à l'avenir, dans le contexte de la Stratégie, en particulier parce que les perceptions à l'égard de l'incidence du tabagisme dans la population constituent un facteur important de l'évaluation de la gravité des méfaits qu'entraînent le tabagisme et la fumée secondaire. De plus, ceux qui établissent une estimation plus élevée de la proportion de fumeurs dans la population sont aussi plus en mesure de percevoir l'accroissement du risque que représente le tabagisme et d'appuyer l'engagement accru du gouvernement fédéral au chapitre de la lutte contre le tabagisme.

En revanche, lorsque nous leur demandons de choisir entre le maintien de l'orientation gouvernementale actuelle, selon laquelle le tabagisme est un enjeu très important dans l'ordre des priorités, et un virage vers d'autres problèmes de santé (étant donné que l'incidence du tabagisme a diminué, pour s'établir à un pour cinq), les deux tiers des Canadiens sont d'avis qu'il faudrait continuer de traiter de cet enjeu en priorité. Cette proportion est plus importante chez les non-fumeurs et chez les personnes qui estiment que les risques que représente le tabagisme pour la santé sont graves et de plus en plus importants. (Il y a un partage égal des opinions à ce sujet parmi les fumeurs, tandis que la majorité des répondants chez lesquels nous relevons une évaluation adoucie des risques du tabagisme sont d'avis que le gouvernement fédéral ne devrait pas traiter de la lutte contre le tabagisme en toute priorité.)

À l'échelle du pays, malgré des taux (véritable et perçu) de prévalence du tabagisme qui sont déjà faibles, en Colombie-Britannique, l'appui que reçoit le maintien de l'orientation gouvernementale ciblant la lutte contre le tabagisme plutôt que d'autres problèmes de santé est plus important (et un peu plus important chez les non-fumeurs et chez les personnes qui estiment que les risques pour la santé sont très graves).

Le niveau de connaissance des mesures gouvernementales dans le domaine du tabagisme est également élevé : près de huit répondants pour dix peuvent nommer une mesure de lutte contre le tabagisme du gouvernement fédéral (quoique les exemples donnés — p. ex., les interdictions de fumer —

ne relèvent pas toujours entièrement des compétences fédérales). Les segments des Canadiens qui connaissent le moins les stratégies fédérales au chapitre de la lutte contre le tabagisme réunissent peut-être les personnes les moins bien disposées à cet égard : les fumeurs, les personnes qui estiment que les risques pour la santé liés au tabagisme ne sont pas importants et les Canadiens dont le statut socio-économique est inférieur (chez lesquels nous observons aussi des taux de tabagisme plus élevés). En général, les stratégies varient suivant la région, à cause des différences au chapitre de l'importance des diverses stratégies provinciales, ce qui fait penser que les Canadiens ne comprennent pas toujours bien les rôles des administrations fédérale et provinciales. Cette dimension n'a peut-être pas d'importance, étant donné que les avantages d'une démarche intégrée et coordonnée sont au nombre des principes fondateurs de la Stratégie fédérale de lutte contre le tabagisme. Il n'en demeure pas moins qu'il est plus difficile, dans ce contexte, d'isoler les données témoignant de l'appréciation des mesures fédérales dans la population.

Le niveau élevé de connaissance des mesures gouvernementales s'accompagne d'un appui considérable à l'égard de l'engagement du gouvernement dans la Stratégie. Les deux tiers des Canadiens appuient le genre d'initiatives qu'entreprend le gouvernement dans le cadre de la SFLT. D'autre part, ces initiatives reçoivent moins d'appuis chez les fumeurs et dans les segments de la population qui présentent des taux de prévalence du tabagisme supérieurs (p. ex., les Québécois, les minorités visibles et les Autochtones, les groupes dont le statut socio-économique est inférieur). Les analyses de régression indiquent que le statut de fumeur et les perceptions à l'égard de la gravité du problème sont les principaux facteurs dans l'appui de l'engagement au niveau fédéral, encore que certains Canadiens (dans une faible proportion, toutefois) ne croient tout simplement pas que les gouvernements doivent jouer un rôle dans le contrôle du tabagisme.

Environ la moitié des Canadiens sont d'avis que le gouvernement fédéral devrait maintenir son niveau actuel d'engagement au chapitre de la lutte contre le tabagisme, tandis que le tiers d'entre eux estiment que le fédéral devrait s'engager davantage dans cette lutte (cette proportion est plus importante chez ceux qui considèrent que les risques pour la santé sont graves et qu'ils s'accroissent et chez ceux dont l'estimation de la proportion de fumeurs dans la population est plus élevée). Un très faible nombre de Canadiens recommanderaient une diminution de l'engagement fédéral. Le plus souvent, les Canadiens se représentent le gouvernement fédéral participant à un partenariat paritaire avec les provinces et des organisations non gouvernementales. Autour du quart d'entre eux appuient le gouvernement fédéral dans un rôle de chef de file (il s'agit le plus souvent des personnes qui aimeraient que le gouvernement fédéral accroisse son engagement dans ce domaine).

À la façon dont le gouvernement fédéral est d'avis qu'une démarche intégrée et coordonnée permettrait à la SFLT d'être pleinement fructueuse, les Canadiens recommandent que nombre de partenaires jouent un rôle d'importance, y compris des ONG, des professionnels de la santé, les trois paliers du gouvernement et même l'industrie du tabac et la population canadienne. En fait, le niveau d'engagement et de responsabilité que font valoir les Canadiens pour l'industrie du tabac et la population en général est étonnamment élevé, tandis que dans une proportion presque équivalente, les Canadiens appuieraient l'engagement important de toutes les parties.

Dans certains domaines, le gouvernement fédéral est investi d'un mandat plus clair que les autres paliers du gouvernement et les autres partenaires. Ce sont les compétences fédérales que les Canadiens appuient le plus vivement dans les domaines de la réglementation de la fabrication et de la vente des produits du tabac ainsi qu'en ce qui concerne la contrebande. Il ressort de chacun de ces exemples que les Canadiens souhaitent peut-être que la démarche soit uniforme à l'échelle du pays et qu'ils accorderaient dans chaque cas un important rôle de soutien au gouvernement provincial. L'abandon du tabac, la prévention du tabagisme chez les jeunes et la fumée secondaire sont des domaines dans lesquels le rôle des diverses organisations n'est pas aussi bien défini. Dans ces cas-là, les Canadiens envisagent plus souvent une démarche coordonnée, à laquelle prennent part bon nombre de partenaires, et il n'y a pas de consensus clair autour de la question de savoir qui jouerait le rôle de chef de file. Dans chacun de ces domaines, les Canadiens sont plus nombreux à indiquer que le gouvernement fédéral devrait assumer la responsabilité principale qu'à appuyer d'autres organisations dans ce rôle, mais les opinions sur cette question n'en demeurent pas moins partagées.

1. INTRODUCTION AND METHODOLOGY

As a federal government program with a five-year history, the FTCS is mandated to provide evidence to the Treasury Board Secretariat (in the fall of 2006) about its usefulness, relevance, progress and cost effectiveness. This particular study is designed to gather information from the general public about the continued relevance of, and need for, the FTSC, as well as to address questions about the role of the federal government efficiency and partnerships with others. The survey also explores public perceptions of the right emphasis or mix on efforts to reach the overall population of Canadians versus more dedicated efforts to reach specific audiences.

The survey of the general public will examine the following areas:

- Is tobacco control still viewed as an important and appropriate area for the federal government to be involved in? Is it perceived to serve the public interest? Does the public see a continued need?
- Awareness in the public of federal efforts at tobacco control (and the general trends regarding incidence of smoking in general).
- Is the role that the federal government is now playing seen as a useful and appropriate one?
- What type of involvement and responsibility does the public see for other tobacco partners? What kinds of organizations does the public believe that the federal government should be involved with/creating partnerships with? For what activities and in what capacities?

1.1 METHODOLOGY

The survey included a total of 2,317 completed interviews with Canadians over the age of 15 (see Appendix A for the questionnaire). Residents of all provinces and territories were included. This survey also included an over-sample of youth and smokers. The total number of youth is 600 cases, while there are 800 smokers in the survey. The survey was conducted, by telephone, largely in late July and the first half of August 2006, although an additional 300 of the 600 youth cases (and of the total 2,317 cases in the survey file) were added in the first half of September. Telephone numbers were selected using a random digit dial (RDD) process to select households. No specific effort was made to randomize the selection of the respondent within the household. The interview required an average of 12 minutes to administer, with trained, bilingual interviewers. The response rate in the survey was 49 per cent (details in Appendix B). Twenty to 30 per cent is a typical rate of participation for a national public opinion survey.

The survey was registered with the Canadian Survey Registration Centre (CSRC). Potential respondents were also given the EKOS Research toll-free number. Fieldwork for this project was conducted by highly trained interviewers. Throughout the data collection, survey supervisors continuously monitored interviewing to ensure consistency of questionnaire administration and interviewing techniques. Up to eight call-backs were made to each member of the sample for which initial attempts at contact were unsuccessful. Follow-up calls were made on subsequent days, at varying time periods to maximize the potential for reaching a given respondent. Appointments were made for respondents wishing to reschedule a survey. Daily records were kept of all calls made, whether successful (i.e. interviews completed or appointments made) or not.

Overall survey results were weighted in the analysis to reflect population proportions in terms of gender, age, region and smoking status. In the analysis of the findings¹, results are reported overall as well as by key demographic and attitudinal sub-groups for the population overall, as well as among youth and smokers specifically. Some multivariate analysis was also conducted in an attempt to better understand how attitudes coalesce, as well as to isolate primary predictors of key outcome variables (e.g., support for a strong federal role in tobacco control).

In the report, the term “youth” described Canadians under the age of 20. Smokers include all individuals who reported that they smoke tobacco products on a regular or occasional basis. The following table provides the sample sizes for major demographic groups used in the analysis, along with the associated margin of error for each segment². It should be noted that while test of sub-group differences and linkages across variables in the survey file were exhaustive, only those that are significant at the .05 level or better (and are considered substantively of interest and significant) are described in the report. A detailed set of findings are available under separate cover to the report.

¹ Two statistical packages were used in the analyses. StatXp, the companion software to the data collection software Interviewer, was used to create banner tables for the analysis. SPSS was used for some multivariate analysis.

² The margin of error is a measure of the accuracy of the results. The margin of error indicates how far the survey's results can stray from the true value in the entire population (i.e., the finding will be accurate to within a certain number of percentage points 19 times out of 20), in each of the segments listed.

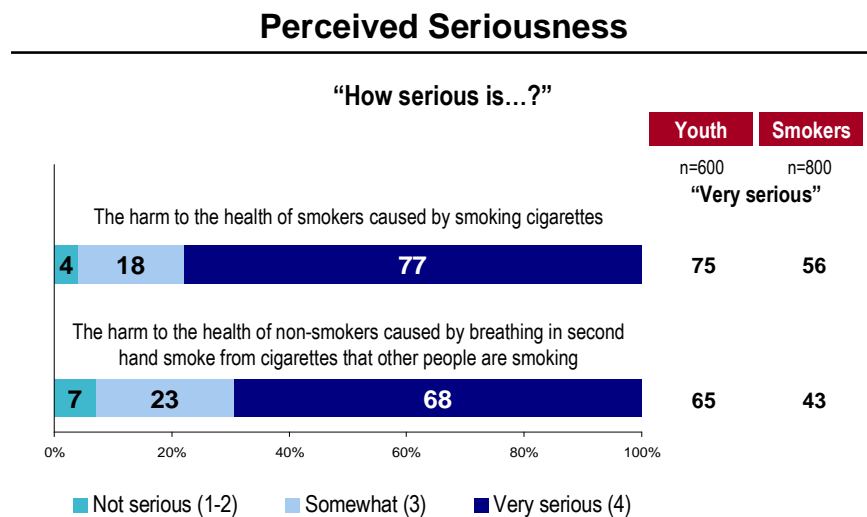
	(n)	Margin of Error*
Overall	2,317	2.0
Smoking Status		
Smoker	800	3.5
Non-smoker	1,517	2.5
Age		
Under 20	600	4.0
20-24	325	5.4
25-44	494	4.4
45 or older	886	3.3
Region		
British Columbia	294	5.7
Alberta	232	6.4
Saskatchewan & Manitoba	220	6.6
Ontario	884	3.3
Quebec	457	4.6
Atlantic Provinces	230	6.5
Gender		
Male	962	3.2
Female	1,355	2.7
Education		
High school or less	1,163	2.9
College /Some post-secondary	523	4.3
University graduate or higher	606	4.0
Income		
Less than \$20,000	230	6.5
\$20,000-\$49,000	568	4.1
\$50,000-\$79,000	416	4.8
\$80,000-\$99,000	171	7.5
\$100,000 or more	261	6.1

* Calculated at the 95 per cent confidence level. That is, the overall are considered accurate to within \pm 2.0 per cent nineteen times out of twenty.

2. FINDINGS

2.1 PERCEPTION OF SERIOUSNESS AND RISK OF THE ISSUE

A strong majority of Canadians believe that the harm to the health of smokers caused by smoking cigarettes is “very serious” (77 per cent) and a further 18 per cent characterize the harm as “somewhat serious”. The harm caused by second-hand smoke (SHS) is also widely recognized: 68 per cent of Canadians say the harm to the health of non-smokers caused by breathing in SHS from cigarettes that other people are smoking is very serious and 23 per cent say somewhat serious. Youth have similar ratings to the overall Canadian population, while smokers rate the harm caused by smoking and second hand smoke to be less serious compared to non-smokers.



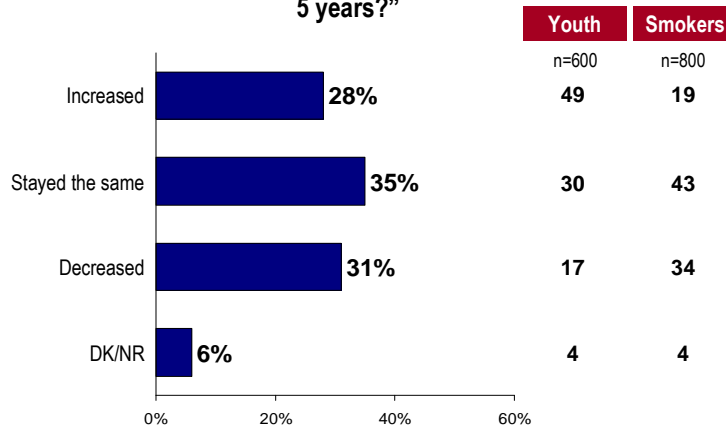
- Women are more likely than men to characterize the harm from smoking and SHS as very serious.
- Quebeckers and those with lower levels of education (high school or less) are less likely to rate the harm of smoking and SHS as serious.

- Within the youth group, again, the relationship on the basis of gender and smoking status persist. Those with a high school education or less are less apt to rate smoking as a serious health risk, though the difference in the rating of the seriousness of SHS is non-significant.
- Within the smoker population, those who are in the middle age categories (25 to 44 years) more often rate the health risks of smoking and SHS as serious compared to those who are 45 and older, as do parents. Smokers who provide a higher estimate of the proportion of Canadians who are smokers are less to characterize the health risks of smoking as serious. Women and smokers in Ontario are more likely to rate the health effects of SHS as serious.

Canadians are divided in their assessment of the evolving health risk of tobacco over time. While 35 per cent say that the general health risk to Canadians posed by tobacco has stayed about the same over the past five years, 28 per cent believe that the risk has increased and a similar proportion say the risk has decreased (six per cent don't know). Youth are more apt to say the health risk posed by tobacco has increased over the last five years compared to older age groups. Smokers more often say the risk has stayed the same compared to non-smokers.

Change in Risk

“Would you say the health risk to Canadians generally that is posed by tobacco has increased, decreased or stayed about the same over the past 5 years?”



EKOS Research
Associates Inc.

n=2317

FTCS General Public Survey, 2006

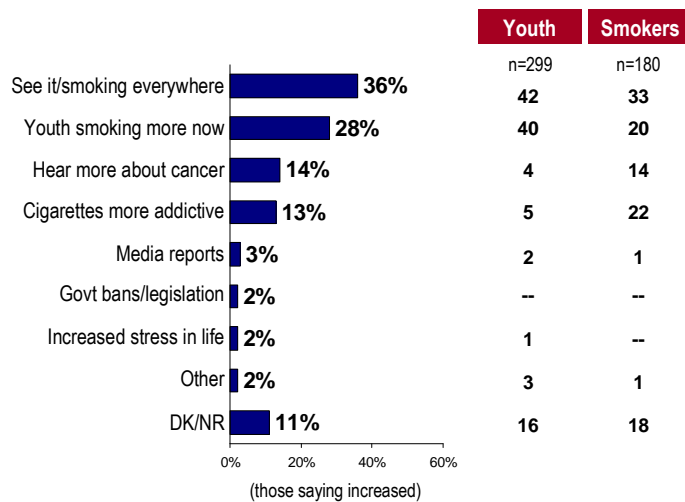
- Women, those with a high school education or less and visible minorities are more likely to perceive the health risk posed by tobacco to have increased over the last five years.
- Men, Canadians 45 years of age and older and university-educated individuals are more likely to say the risk of tobacco to Canadians has decreased. Perceived risk also tends to decrease as income level increases.
- Those aged 25 to 44 and the employed are more likely to view the level of risk of tobacco as having stayed the same over the past five years.
- Considering youth only, those with a high school education or less are more likely to say the health risk posed by tobacco has increased over the past five years.
- Sub-group differences in the general public are generally replicated in the smoker group, the exception being the gender difference. As well, Aboriginal smokers are more likely than non-Aboriginal/non-visible minority smokers to perceive an increase in the health risk to Canadians posed by tobacco.

Note that the responses to the various indicators of seriousness of the health risk of tobacco and the evolving risk are highly related: individuals who believe that tobacco presents a serious health risk to smokers are also more likely to believe that SHS is a serious threat and are also more apt to characterize the health risks of tobacco to be increasing over time. Similarly, there is a positive correlation between the estimate of the proportion of Canadians who smoke and the evolution of the health risks associated with tobacco over the last five years (e.g., those who provide a higher estimate of the proportion of smokers are more apt to say risks have increased). This holds true in the youth and smoker sub-groups.

Among those who indicated that the health risk of tobacco has increased over the past five years, the most important reasons are: smoking is “everywhere”/still see smoking (36 per cent and higher among youth); youth are smoking more now (28 per cent); the cancer risks are better known now (14 per cent) and cigarettes are now more addictive (13 per cent and higher among smokers).

Reasons for Perceived Increase in Risk

“Why do you think the level of health risk of tobacco has increased?”



EKOS Research Associates Inc.

n=738

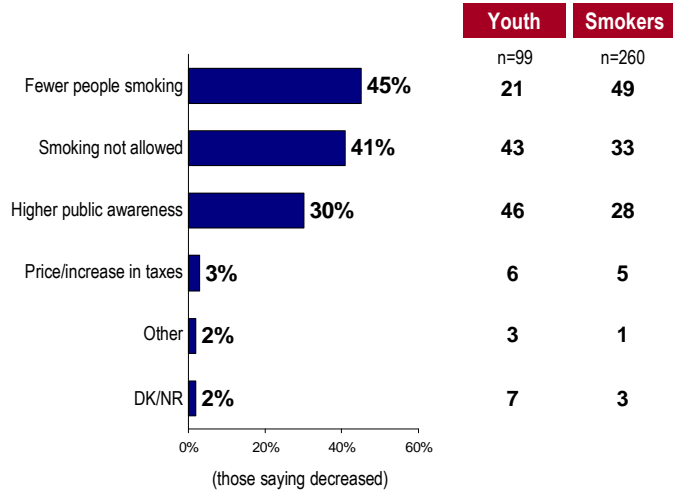
FTCS General Public Survey, 2006

- Parents are more likely to mention the influence or awareness of the link between tobacco and cancer.
- Quebeckers and rural Canadians are more likely to mention the addictive properties of cigarettes as the reason health risks are increasing.

For those saying that the risk to the health of Canadians has decreased, the main reasons are: fewer people are now smoking (45 per cent); bans on smoking in public places (41 per cent); and greater public awareness of the health risks of tobacco (30 per cent). Youth are less apt to indicate that fewer people are smoking compared to their older counterparts (especially those 45 years and older).

Reasons for Perceived Decrease in Risk

“Why do you think the level of health risk of tobacco has decreased?”



EKOS Research
Associates Inc.

n=659

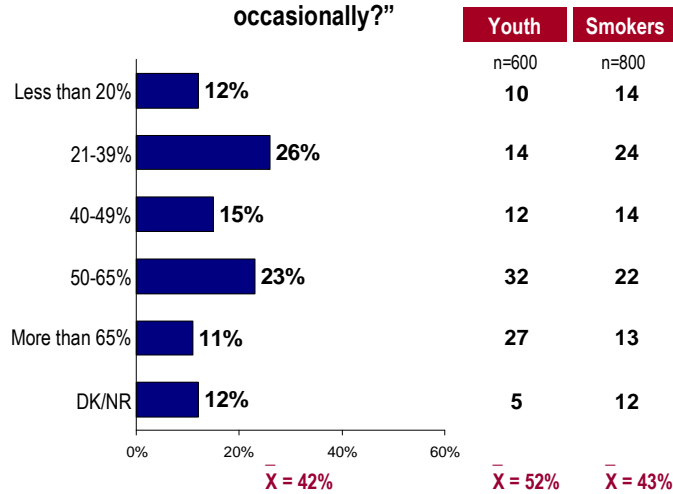
FTCS General Public Survey, 2006

- Those who believe that federal government involvement in tobacco control should be curtailed or eliminated are also more likely to cite fewer people smoking as the reason why the risk of tobacco has decreased.
- Smoking bans are more likely to be mentioned by those in the middle age category (25 to 44 years) and by those with a university education.

Canadians believe that, on average, 42 per cent of the population smokes even occasionally — far higher than the 19 per cent of Canadians who actually do smoke. Only 12 per cent indicated that 20 per cent or fewer Canadians smoke. Far more believe the smoking prevalence rate to be 21 to 39 per cent (26 per cent); between 40 and 49 per cent (15 per cent) and even as high as over 50 per cent (34 per cent). Youth provide a higher estimate of the proportion of Canadian that smoke, while smokers provide an estimate that is similar to Canadians overall.

Estimate of Percentage of Canadians Who Smoke

“About what percentage of all Canadians do you think smokes even occasionally?”



EKOS Research Associates Inc.

n=2317

FTCS General Public Survey, 2006

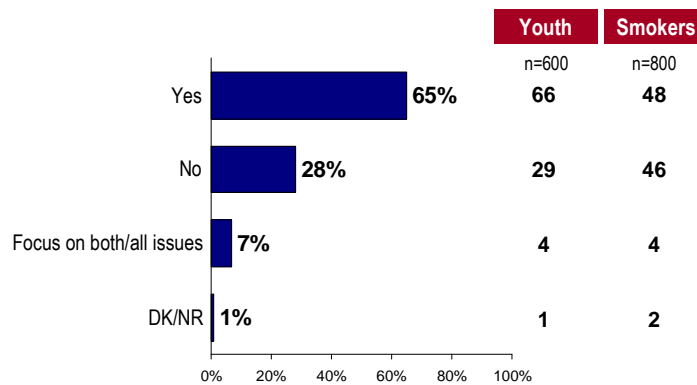
- Across regions, residents of BC estimate the proportion of smokers to be lower compared to those in other regions, particularly Quebecers who provide the highest estimate of the proportion of smokers.
- Women assess the proportion of smokers in Canada to be higher than men, as do visible minorities and Aboriginal people. The estimated percentage of Canadians who smoke decreases as education and income increase. For example, it is estimated that an average of 46 per cent of Canadians smoke among those with a high school education or less, whereas it is 38 per cent among those reporting university degrees (although both drastically overestimate the smoking public).
- Within the youth group, women and those with a high school education or less provide a higher estimate of the proportion of Canadians who smoke.
- The relationships on the basis of age, ancestry and socio-economic status in the general public persist within the smoker group.

2.2 GOVERNMENT INVOLVEMENT IN TOBACCO CONTROL

Canadians continue to view tobacco as an important priority for government. When presented with a choice — “Some people say that smoking rates in Canada are decreasing and the public focus should now be on other health issues such as obesity or wait times. Others say that there are still 5 million smokers in Canada and so tobacco should continue to be a high priority” — two in three Canadians say that the latter statement is closer to their own point of view³. One in four say that government focus should move on to other health issues. Seven per cent say the government should focus on both/all issues. Youth are not significantly different on this issue from other Canadians. Smokers, however, are less likely than non-smokers to say that tobacco should continue to be a high government priority.

Support for Making Tobacco Control a Priority

“Some people say that smoking rates in Canada are decreasing and public focus should now be on other health issues... Others say that there are still 5 million smokers in Canada... From your own point of view, should tobacco continue to be a high government priority?”



EKOS Research
Associates Inc.

n=2317

FTCS General Public Survey, 2006

- Support for a sustained government focus on tobacco is stronger in BC and in the Atlantic compared to other regions and is also higher among those who perceive the health risks associated with tobacco (smoking or SHS) to be serious, and increasing.
- Canadians with a high school education or less are somewhat more likely to say the government should now be addressing other health issues compared to those with higher levels of education.

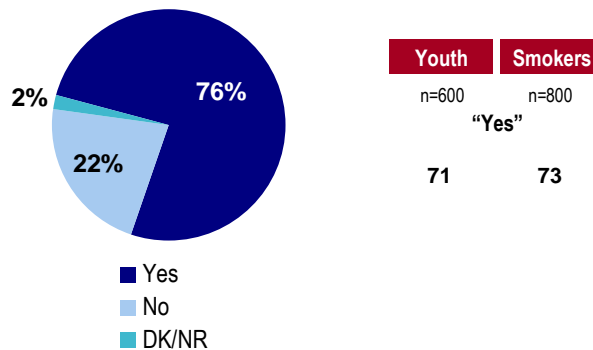
³ The ordering of presenting the two statements was rotated over the course of data collection to ensure that responses were not influenced by ordering.

- Within the youth group, non-smokers and those who view the health risks associated with smoking or SHS to be serious are more apt to say that tobacco should continue to be a high priority for government.
- Among smokers, Prairie residents are less apt to say that tobacco should continue to be a high government priority, as are those 45 years of age and older and non-visible minority/non-Aboriginal smokers. Like the general public, smokers who view the health risks of smoking and SHS to be serious and believe them to have increased over the last five years are more apt to say that tobacco should continue to be a government priority.

More than three-quarters of Canadians (76 per cent) indicate that they could identify something the Government of Canada currently does in order to reduce tobacco-related disease and death among Canadians. Smokers are less apt than non-smokers to be aware of federal efforts to reduce disease and death due to tobacco.

Awareness of Government Strategy (I)

“Can you identify anything the Government of Canada does currently in order to reduce tobacco related disease and death among Canadians?”



EKOS Research Associates Inc.

n=2317

FTCS General Public Survey, 2006

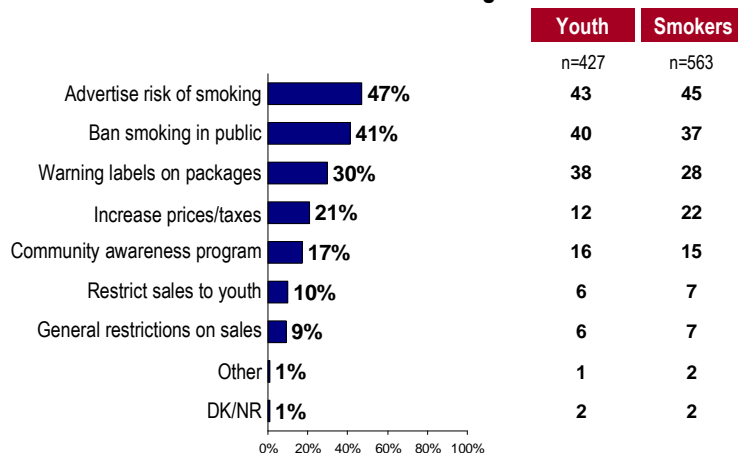
- Awareness of federal tobacco control efforts is higher among women and also increases with education and income. Rural dwellers and those who do not perceive the health risks associated with tobacco (smoking or SHS) to be serious indicate lower levels of awareness.
- Within the youth group, only the education and income relationships found in the general public persist at the statistically significant level (p,.05). In addition, youth in the Atlantic are less apt to be aware of government programming , while those in Ontario are most likely to say they are aware of government action in the area.

- Among smokers, older smokers and those with a high school education are less apt to be aware of a government tobacco control strategy, while smokers who are working and non-visible minority/non-Aboriginal smokers indicate higher awareness compared to their counterparts. Smokers who perceive the health risks associated with smoking to be serious are also more likely to be aware of government action.

When asked to specify actions taken by the federal government in the area of tobacco control, Canadians were most likely to cite advertising related to the risks of smoking (47 per cent) and banning smoking in public (41 per cent), which is, in fact, largely a provincial and municipal role. A somewhat smaller proportion cited cigarette package warning labels (30 per cent); price/tax increases (21 per cent); community awareness program (17 per cent); and restricting sales to youth (10 per cent) and general restrictions on sales (nine per cent). Canadians between the age of 20-24 were less likely to cite advertising. The responses of smokers parallel those of Canadians overall. Since some of these are not federal government activities, results of the follow-up question point to an overestimation of the proportion of Canadians who actually are aware of something that the federal government does in the area of tobacco control.

Awareness of Government Strategy (II)

“What does the Government of Canada currently do to reduce tobacco-related disease and death among Canadians?”



EKOS Research Associates Inc.

n=1730

FTCS General Public Survey, 2006

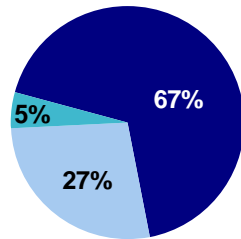
- Across regions, residents of the Prairies were more likely to name advertising the risks associated with smoking as a federal tobacco control activity, while Quebeckers were less apt to do so. As education and income increase (along with propensity to be employed), so does the proportion naming advertising as a federal tobacco control activity. Individuals who characterize the health risks of tobacco (smoking or SHS) to be serious are also more likely to mention advertising as a federal activity.

- Quebeckers and women more often named smoking bans as a federal activity. Residents of BC and those who are working are more likely than those in other regions to indicate cigarette package warning labels as a federal activity.
- Among youth specifically, youth in BC are more likely to mention cigarette package warning labels, while youth in Quebec more often mention smoking bans as a federal tobacco control activity. Also among youth, men more often cite increasing taxes/price as a federal activity, while women are more likely than men to mention smoking bans.
- Like the general public, sub-group differences among smokers tend to emerge along regional lines: those in the Prairies and BC are more likely to mention advertising the risk of smoking as a federal activity (and for the latter, community awareness programs), while Quebeckers more often mention smoking bans. Albertans are less apt to mention increases in price/taxes and a federal tobacco control activity. Those who perceive the health risks of smoking and SHS to be serious more often mention advertising compared to those who do not perceive the risks to be serious.

All respondents were told that, in fact, the federal government does have programs and legislation in place to reduce smoking-related disease and death.⁴ When asked whether this is an appropriate role for the Government of Canada (or best left to others like the provinces or not-for-profit organizations), two-thirds (67 per cent) believe the FTCS is an appropriate role for the federal government. There are no significant differences on the basis of age. Smokers are less likely than non-smokers to agree that the FTCS represents an appropriate role for the federal government.

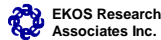
Appropriateness of Role

“The federal government does have programs and legislation in place. The current FTCS is an initiative to reduce smoking-related disease and death... Is this an appropriate role for the Government of Canada, or would this role be best left up to others, like the Canadian Cancer Society?”



	Youth	Smokers
	n=600	n=800
Yes, appropriate for federal government	73	51
No, left to others	25	41
DK/NR	3	7

- Yes, appropriate for federal government
- No, left to others
- DK/NR



n=2317

FTCS General Public Survey, 2006

- Support for this federal role is higher in BC and the Atlantic, and weaker in Quebec. Those who downplay the seriousness of the health risk of tobacco (smoking or SHS), as well as visible minorities and Aboriginal people are also less apt to believe the current FTCS is an appropriate role for the Government of Canada. Support increases with individuals' education and income levels. Individuals with children are also more likely to support the federal role.
- Within the youth group, smokers and those who perceive the health risks posed by tobacco to be serious are more likely to support the appropriateness of a government role in tobacco control.
- Among smokers, those who are 45 years and older are less apt to say the FTCS is an appropriate role for the federal government, as are those who do not view the health risks associated with tobacco to be serious.

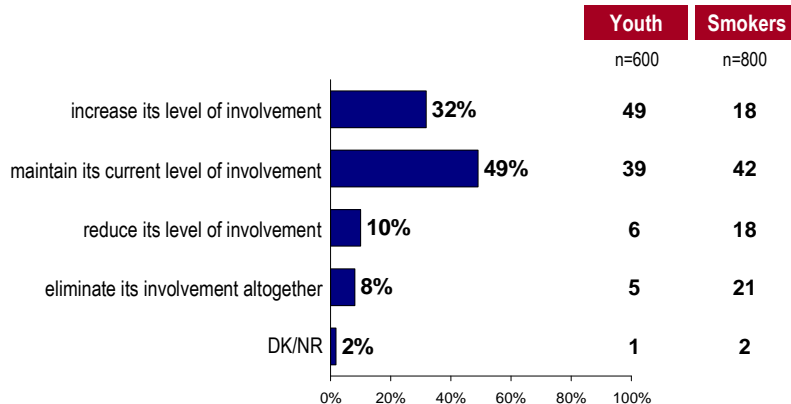
⁴ The exact text of the question was: “The federal government does have programs and legislation in place. The current Federal Tobacco Control Strategy is an initiative to reduce smoking-related disease and death. Health Canada leads this strategy that involves mass media campaigns, laws and regulations for the manufacture and sale of tobacco, aids for smokers to quit, along with a number of other efforts.”

In the area of reducing smoking, second-hand smoke and regulating tobacco, in the future, almost half of Canadians would like to see the federal government maintain its current level of involvement and one-third would like to see the federal government increase its level of involvement in this area. A minority — 10 per cent — would prefer the federal government reduce involvement and eight per cent would like the federal government to eliminate involvement in tobacco control altogether. Youth are more likely to favour an increasing level of government involvement compared to other age groups, while smokers are more apt than non-smokers to prefer that the government reduce or eliminate its involvement altogether.

A regression model was tested to explore linkages to the opinion that the federal government should increase its level of involvement in the area of reducing smoking, second-hand smoke and regulating tobacco. Results indicate that views about government involvement in general are likely the key drivers. The most influential elements in the model are the opinion that the provinces should play a strong role and that tobacco should be a high priority on the federal government's agenda. These predictors are followed by the perceived harm caused by second-hand smoke and the belief that the federal government should be the organization with primary responsibility in a number of areas of tobacco control. Smoker status is also strongly (negatively) associated with advocating stronger federal involvement in reducing smoking, second-hand smoke and regulating tobacco (i.e., smokers are the least likely to do so). A strong support for federal involvement is also linked to the number of Canadians one thinks smoke. On the face of it, this suggests that as people become more aware of the actual proportion of Canadians that smoke, support for strong federal involvement would decrease. A few other indicators are linked to advocating stronger federal involvement in reducing smoking, second-hand smoke and regulating tobacco, although to a much lesser degree. Women are more likely than men to advocate a strong federal involvement. Support for federal involvement is also linked to support for involvement of local or regional governments (i.e., all levels of government should be involved) and a higher level of responsibility ascribed to Canadians themselves. Appendix C presents the results of the regression model and the strength of each link to a federal involvement.

Change in Government Involvement

“In the area of reducing smoking, second hand smoke and regulating tobacco, in the future, would you like to see the federal government...?”



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Associates Inc.

n=2317

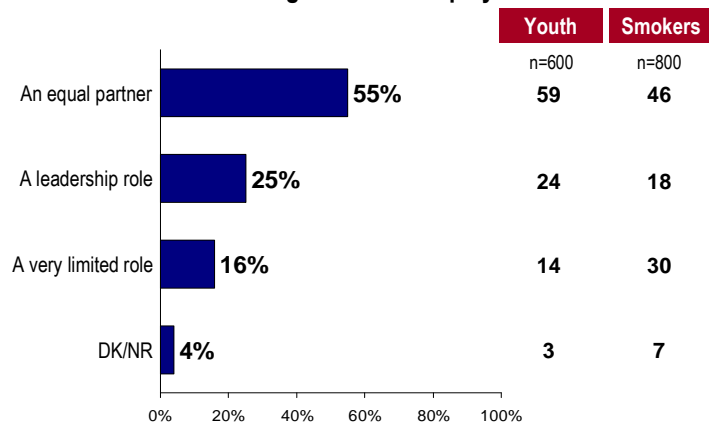
FTCS General Public Survey, 2006

- Support for increasing federal involvement in tobacco control is highest in BC and among visible minorities. Those who express greater concern about the seriousness and increasing health risks associated with tobacco and who estimate a higher proportion of the population to be smokers are also more apt to say the government should increase its involvement.
- Women, those 25 to 44 years of age, the college-educated, and employed individuals prefer that the government maintain its current level of involvement. Those who believe the health risk posed by tobacco is decreasing are also more likely to favour the status quo.
- Those who do not view the health risks associated with tobacco as serious are more apt to say the federal government should reduce or eliminate involvement in the area compared to non-smokers.
- Within the youth group, those who tend to support increased federal involvement in tobacco control are non-smokers, those with a high school education or less, parents and those who believe that the health risks associated with tobacco are increasing. Reducing or eliminating involvement is more often supported by smokers and those who do not perceive smoking-related health risks to be serious.
- Among smokers, BC residents, youth and those who believe the health risks associated with tobacco are increasing are more apt to prefer increased federal involvement in tobacco control. Reducing or eliminating the federal role is supported more often by older smokers (45 years and older) and those who do not perceive the health risks associated with smoking or SHS to be serious.

With respect to the role that the federal government should play vis-à-vis other partners in tobacco control, Canadians most often prefer that the federal government be an equal partner (55 per cent). One in four (25 per cent) believe the federal government should play a leadership role, while 16 per cent say it is appropriate that the federal government play a very limited role in reducing the use of tobacco. There is no significant difference in responses on the basis of age. Smokers are more apt than non-smokers to say the federal government should play a very limited role.

Type of Role

“There are many partners who have an interest in reducing the use of tobacco. Which of the following do you think is the most appropriate role for the federal government to play?”



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n=2317

FTCS General Public Survey, 2006

- A federal leadership role is more often preferred by those who favour increased federal involvement in tobacco control.
- Individuals who express concern about the seriousness of the health risks of tobacco are more likely than others to prefer the federal government be an equal partner in tobacco control efforts.
- Quebeckers are more likely than those in other regions to say that the federal government should be an equal partner and less apt to view a leadership role as appropriate.
- Those who provide a lower estimate of the proportion of Canadians who smoke and those who believe that the health risks associated with tobacco are not serious are more apt to say the federal government should play a very limited role.
- These relationships tend to be replicated in the youth group (though not consistently at the significant level — i.e., rated seriousness of the health risks of tobacco and estimate of the proportion of Canadians who smoke become non-significant in this sub-sample).

- Sub-group differences within the smoker population are similar to the general public and, in addition, older smokers are more apt to prefer a very limited role for the federal government, while smokers who are parents more often favour a leadership role compared to those who are not parents, as do men.

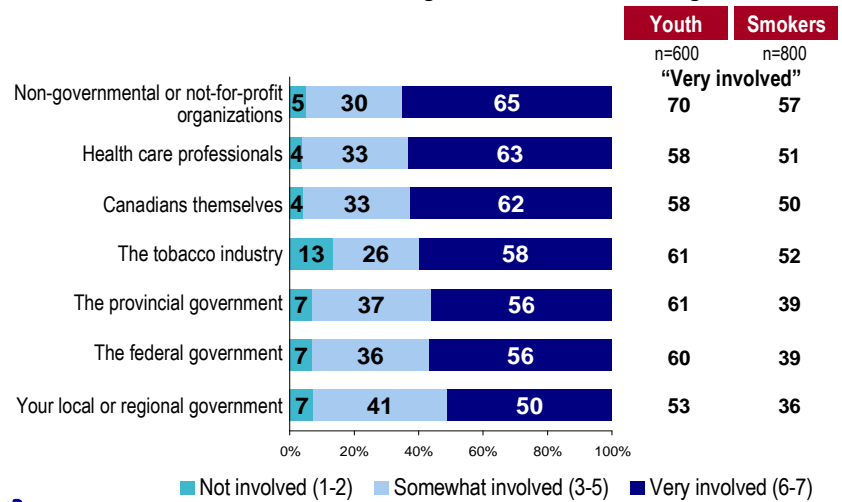
2.3 INVOLVEMENT OF DIFFERENT ORGANIZATIONS

Canadians advocate participation from a wide range of representatives in the fight to reduce the health risks of tobacco. At the top of the list, NGOs (such as the Canadian Cancer Society), health care professionals and Canadians themselves are seen as partners who should be very involved, according to 62 to 65 per cent of Canadians. Following closely behind these are the tobacco industry, and the provincial and federal governments (according to 56 to 58 per cent). Only the local or regional level of government is a less obvious choice, although even they received 50 per cent support for high involvement. There is fairly unanimous agreement that none of these partners (with the exception of perhaps the tobacco industry at 13 per cent) should be only minimally involved. Youth are more likely to advocate for government involvement (federal and provincial) to reduce the health risks of tobacco and less apt than those in other age groups to see a role for Canadians themselves and the health care professions. The gap between smokers and non-smokers is striking with respect to federal and provincial government involvement in the issue (a 21 percentage point gap between smokers and non-smokers in the proportion that indicates these partners should be very involved). Smokers are also less apt than non-smokers to indicate a role for all the other partners mentioned.

A regression model was also created to isolate the closest relationships to the opinion that the federal government should be heavily involved in reducing the health risk of smoking and second-hand smoke. Results indicate that views about government involvement in general are by far the strongest drivers. The most influential elements in the model are the opinion that provinces should play a strong role, and generally suggesting the federal government as the organization with primary responsibility in a number of areas of tobacco control. These are followed in the model by a degree of perceived harm caused by second-hand smoke. (The strength of this predictor, however, declines slightly in the presence of other variables in the model.) Being a smoker is also strongly (negatively) associated with advocating a strong federal role in tobacco control (i.e., smokers are unlikely to do so). A fifth association exists with advocating a strong role for the tobacco industry in tobacco control (i.e., those who argue for a strong role for the federal government also argue for a strong role for the tobacco industry). Support for a strong federal role is also negatively correlated with the extent to which Canadians suggest that either provincial governments or Canadians themselves should take the lead in terms of responsibility in a number of areas in tobacco control. (Appendix C presents the results of the regression model and the strength of each link to a strong federal role.)

Level of Involvement

“How involved ... should be in reducing health risks of smoking and SHS?”



EKOS Research Associates Inc.

n=2317

FTCS General Public Survey, 2006

- Canadians who are the most concerned about the effects of tobacco (on smokers and others, believing the risk of smoking to be increasing over time) are also the strongest advocates of heavy federal involvement.
- It is logical that individuals who think that there are more smokers than there really are in Canada argue for stronger federal involvement. While 61 per cent of Canadians who believe that more than half of the population smokes say the federal government should be highly involved, this proportion drops to 48 per cent among those who are aware that smokers currently make up less than one in four Canadians.
- The involvement of the federal government is more often argued to be strong among women, parents, and non-smokers, as well as those with the highest income (compared with each of their counterparts).
- Similar patterns exist with respect to gender in terms of involvement of NGOs. The relationships also exist for NGOs and belief in the harm and risk of smoking and the advocacy of an increasing (and appropriate) government role (in each case as one increases they advocate a larger role for NGO's).
- Men are less likely than women to advocate a strong role for health care professionals. There is also an interesting and reverse relationship with awareness of the number of smokers. Those who know that fewer than one in four Canadians smoke are more apt to advocate for a strong role for health care professionals than those who think more people smoke.
- The same relationships exist regarding involvement of Canadians themselves. Men are less apt than women to suggest heavy involvement. Involvement is also more strongly advocated

as the age of the respondent increases. It is noteworthy that the interest is also weaker in rural areas of the country. It is also interesting to see that the involvement of Canadians themselves does not depend on the number of smokers that one thinks there are in Canada (although those who are more concerned with the harm and risk, and advocate an increasing role for the federal government, are also greater advocates for heavy involvement on the part of the general public).

- Men and (to a lesser extent) the university educated are less apt than other Canadians to suggest a strong role for the tobacco industry. It is particularly note-worthy that Aboriginal people are among the most likely to say that the tobacco industry should be heavily involved (according to 67 per cent). This may be part of the reason that those Canadians who believe that more than half of Canadians smoke are particularly likely to suggest a strong involvement on the part of the tobacco industry.
- The same patterns exist among Canadians believing in the need for strong provincial involvement, although the same relationship does not exist with respect to awareness of the proportion of Canadians who smoke. This suggests that when Canadians think about larger numbers of people smoking they begin to think on a more national scale (in terms of the problem and the solution).
- It is Aboriginal people who are also among the most likely to say that local or regional governments (perhaps including Band councils on-reserve) be involved in reducing the risks of smoking and second-hand smoke. The other types of relationships (e.g., gender, belief that there are more smokers than there are, etc.) are also present in connection with regional government involvement.
- With respect to the youth population, the patterns are generally the same, with a few exceptions. By and large, some basic demographic patterns are no longer pronounced (e.g., differences by gender and income) and more regional patterns begin to emerge. Specifically:
 - ◇ ratings of the involvement of the federal government does not show any differences by gender or proportion of Canadians believed to smoke;
 - ◇ responses regarding provincial involvement shows no differences by income or perception of harm caused by tobacco or general risk to Canadians;
 - ◇ ratings of the involvement of NGOs shows no differences by gender or perception of harm or risk of tobacco. Youth in the Atlantic are most apt to emphasize NGO involvement (77 per cent);
 - ◇ no differences exist in suggested involvement of health professionals by gender or perception of how many Canadians smoke or the harm/risk caused by tobacco;
 - ◇ no differences exist in suggested involvement of the tobacco industry by gender, smoking status, perception of how many Canadians smoke or

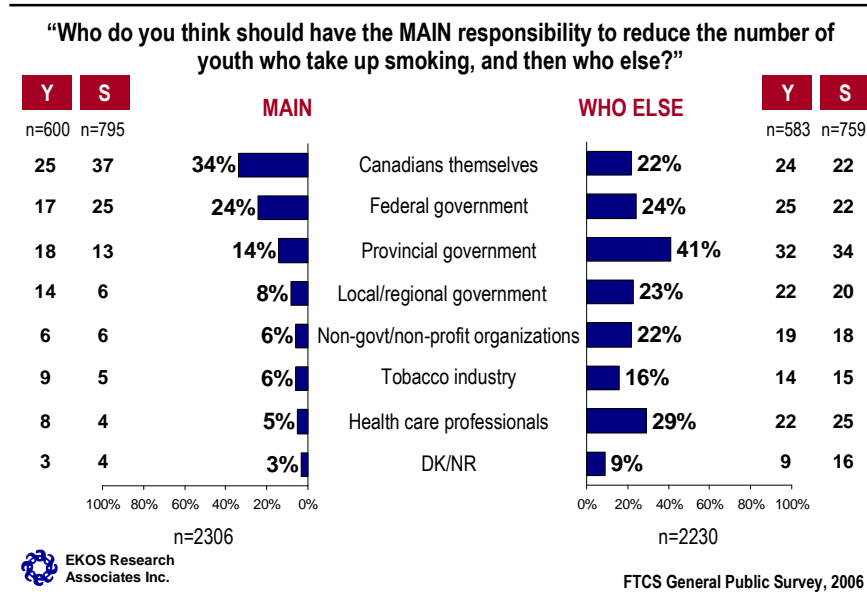
- the harm/risk caused by tobacco, or among Aboriginal and non-Aboriginal youth. There is, however, a fairly pronounced urban/rural split, with urban youth suggesting greater industry involvement;
- ◇ emphasis on local or regional government involvement is more pronounced among BC youth and least in Quebec. No differences exist by gender or smoking status; and,
 - ◇ the involvement of Canadians themselves is no different along gender or income lines or by smoking status. Aboriginal youth are more apt to emphasise Canadians themselves than other youth, as are youth who think that a large proportion of Canadians smoke.
- In terms of the smokers specifically, the following change from the overall pattern of Canadian responses:
- ◇ suggested federal involvement no longer differs along gender or income;
 - ◇ ratings of the involvement of health professionals decreases with age (which is the reverse of the overall pattern among all Canadians);
 - ◇ the emphasis placed on the involvement of the tobacco industry is stronger than average among smokers in British Columbia and weaker among smokers in Alberta. A number of other differences (i.e., by education, Aboriginal status, awareness of incidence of smoking) disappear;
 - ◇ ratings of the involvement of local or regional governments is lower than average among smokers in Quebec, youth smokers and those living in urban areas, relative to the rest of the smoking population;
 - ◇ emphasis on the involvement of Canadians themselves is more pronounced among youth smokers than it is among smokers of other ages. The urban-rural split found in the overall population disappears among smokers.

2.4 ORGANIZATIONS WITH RESPONSIBILITY FOR DIFFERENT ELEMENTS OF TOBACCO CONTROL

Canadians hold varying opinions on who should have the primary responsibility for tobacco control, depending on the specific area of control being explored. Also, although they can often see a clear choice in terms of organization with the primary responsibility, they rarely see just one organization being involved, echoing the results presented in the previous section. Canadians were presented with six different areas of tobacco control (prevention of youth who take up of smoking, harm reduction through regulation of manufacturing and sale of tobacco products, protection through reduction of smuggling, cessation through support programs for smokers trying to quit, and protection through reduced exposure to second-hand smoke). In each case, Canadians were offered a choice of seven partners (including Canadians themselves) and were asked to select the one that should have the primary responsibility, and then any others that should also have some responsibility in the area.

Looking first at prevention, Canadians themselves are given the primary responsibility by the largest portion of the public (34 per cent). The federal government runs a close second at 24 per cent, followed by the provincial government (14 per cent). Particularly among those selecting either Canadians themselves or the federal government, the provincial government is most often selected as another partner that should have some involvement (41 per cent), followed by health care professionals (29 per cent). There were no significant differences in the youth responses. Smokers were more likely than non-smokers to suggest that Canadians themselves have the primary responsibility to reduce youth who take up of smoking.

Responsibility for Targeting Youth



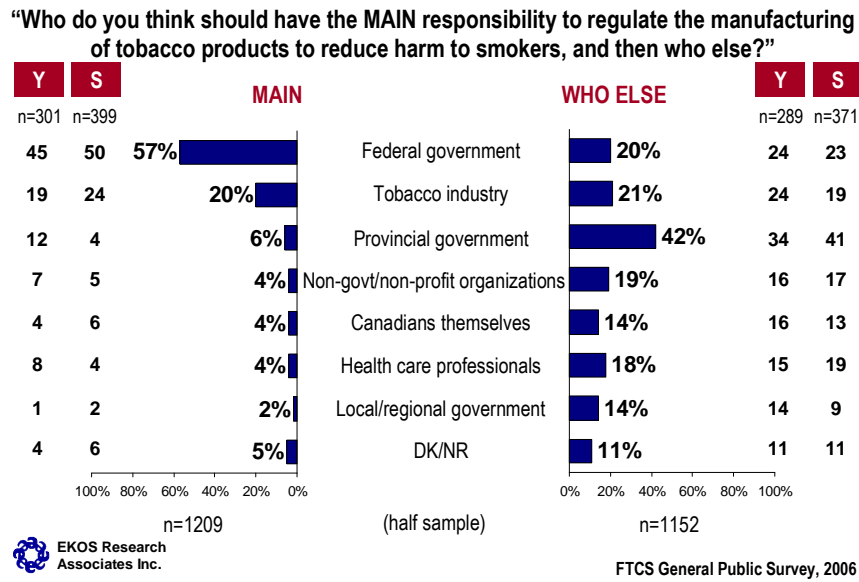
The following table presents results for those selecting Canadians themselves, the three levels of government, and the tobacco industry. As shown, those advocating Canadians in the primary role most often included the federal government and health care professionals for additional roles. Among those suggesting the federal government in the primary role, typically the provincial government is also suggested as having a role, followed by Canadians themselves. Those placing the local government in the central role most often suggested Canadians themselves in a secondary role. Finally, those isolating the tobacco industry for the primary responsibility most often selected the federal government (followed by Canadians themselves) as also having responsibility.

SECONDARY ROLE (Selected 2 nd)	PRIMARY ROLE (Selected 1 st)					
	Canadians Themselves (n=762)	Federal Government (n=498)	Provincial Government (n=335)	Local/Regional Government (n=201)	Tobacco Industry (n=157)	NGO (n=133)
The federal government	32	0	38	21	55	21
Your provincial government	38	72	0	45	42	30
Your local/regional government	26	28	26	0	25	17
Non-government/non-profit organization	23	27	23	18	21	0
Health care professionals	36	28	29	25	23	31
The tobacco industry	19	23	13	10	0	6
Canadians themselves	1	32	34	36	33	39

- The federal government was selected more often for primary responsibility by Canadians with more education and those who are parents. There are also strong linkages to perceived harm, risk and role of government in general. (Those perceiving more harm from smoking and second-hand smoke, an increasing risk over time and need for greater government involvement were also more apt to select the federal government.)
- Quebecers, women, and Canadians who are over 45 years of age (relative to other Canadians) were more likely to suggest that Canadians themselves have the primary responsibility to reduce youth take-up of smoking.
- Among youth and smokers more specifically, most of the patterns of difference disappear.

With respect to harm reduction through the regulation of manufacturing of tobacco products, the federal government is seen as clearly having the primary role (at 57 per cent). On the other hand, 20 per cent of Canadians see this as being the responsibility of the tobacco industry. No other tobacco control partner is given a significant primary role in this area. Others seen as having a role are the provincial government and, to a lesser degree, the federal government, the tobacco industry and NGOs. There are no significant differences on the basis of age or smoker/non-smoker status.

Responsibility for Reducing Harm



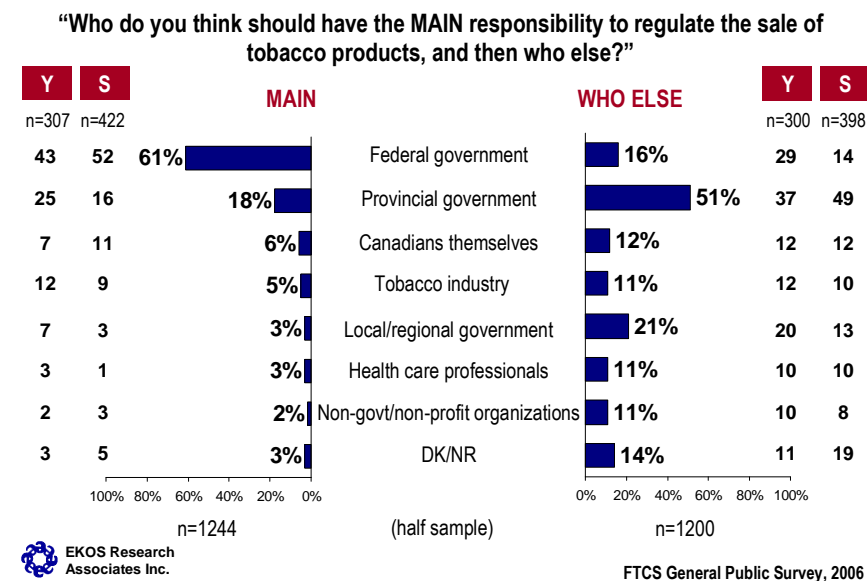
Those viewing the federal government as having the lead role most often select the provincial government (56 per cent) and then the tobacco industry (30 per cent) as also having a role to play. Among the Canadians suggesting that the tobacco industry has the primary role, the federal government is then most often selected as also having some responsibility (according to 57 per cent of those who picked the industry as the lead).

SECONDARY ROLE	PRIMARY ROLE	
	Federal Government (n=624)	Tobacco Industry (n=243)
The federal government	0	56
Your provincial government	56	23
Your local/regional government	15	9
Non-government/non-profit organization	19	15
Health care professionals	17	18
The tobacco industry	29	0
Canadians themselves	14	14

- Residents of Quebec, men, non-smokers, and those with higher levels of education and income are each more likely than other Canadians to suggest that the federal government have the primary role. Those who are aware that fewer than one in four Canadians smoke are also more apt to point to the federal government in this area. This is also true of those who believe that smoking and second-hand smoke are harmful, and individuals who believe that the federal government should play an increasing role in tobacco control.
- The tobacco industry is more often cited as having a primary responsibility by residents of Alberta, women, and 25 to 44 year old Canadians (although in each of these cases the federal government is still cited also twice as often). It is interesting to note that Canadians who suggest that the federal government should play a reduced role in tobacco control in general are more likely than other Canadians to say that the tobacco industry should be the primary regulator of manufacturing.
- It is noteworthy that Aboriginal people are considerably more likely than others to suggest that Canadians themselves should have the primary responsibility for regulating manufacturing (16 per cent).
- It is also of interest to note that Canadians who believe that the federal role should be eliminated entirely from tobacco control in general are more apt than others to advocate Canadians themselves in the primary role in product regulation.
- Among youth more specifically, most of the patterns of difference disappear.
- Among smokers some of the demographic patterns disappear, although there are still differences by gender and perception of the harm and risk of tobacco and the appropriateness of the federal role.

In a slightly different area from regulating the manufacturing of tobacco products, respondents were also asked about who should have the primary responsibility for regulating the sales of tobacco products. The results, however, are virtually the same as they are for regulation of manufacturing products, with 61 per cent advocating the federal government in the primary role, and the provincial government as also having some (but not the primary) responsibility (51 per cent). As with the results regarding manufacturing, those who selected the federal government in the driver seat on regulating sales, largely selected the provincial government as a secondary (and vice versa) source of responsibility. There are no significant differences among youth and smokers.

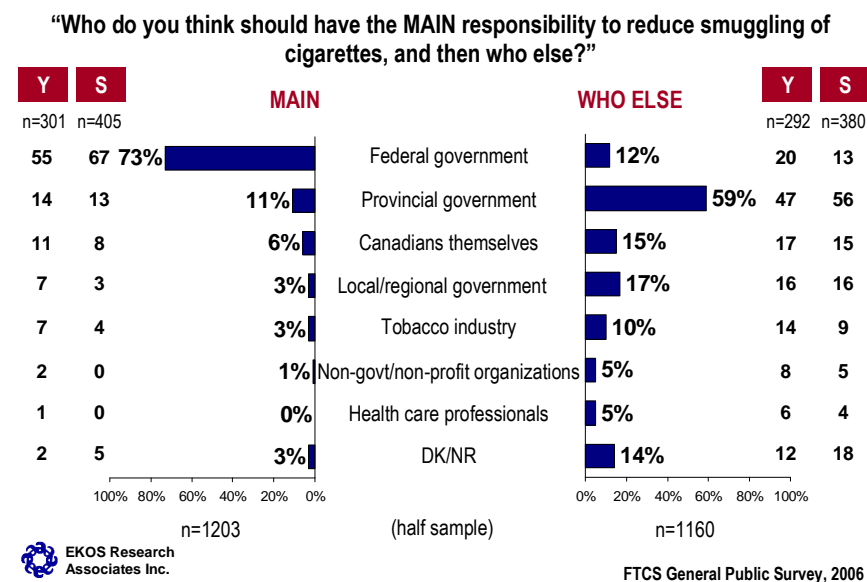
Responsibility for Regulating Sales



- The federal government is more often assigned the lead role by Quebecers, as well as those who believe the risk of tobacco to be decreasing, and individuals who believe that tobacco control is an appropriate federal role to be playing, compared with other Canadians. Residents of British Columbia are more apt to see their provincial government in the lead role, as is also the case with youth.
- There is a greater tendency for Aboriginal people to assign responsibility to Canadians themselves (15 per cent do) than non-Aboriginal people (although the majority of Aboriginal people still assign the lead role to the federal government).
- Among youth more specifically, most of the patterns of difference disappear.
- Among smokers most of the demographic patterns still hold.

The federal government is even more of an obvious (and singular) choice for holding the primary responsibility for reducing smuggling (according to 73 per cent of Canadians). Provincial governments are the only other possibility, but running a distant second at 11 per cent. On the other hand, provincial governments are seen as another partner that should have some responsibility (based on responses from 59 per cent of individuals). No others stand out. Most of those who singled out the federal government for primary responsibility also indicated provincial governments as another responsible party. Similarly, among those who suggest provincial governments in a primary role, also suggested involvement from federal governments. It is interesting to note that even in an area such as this six per cent of respondents believe that Canadians themselves should have the primary responsibility. The response of the youth and smoker sub-groups are similar to those of their respective counterparts.

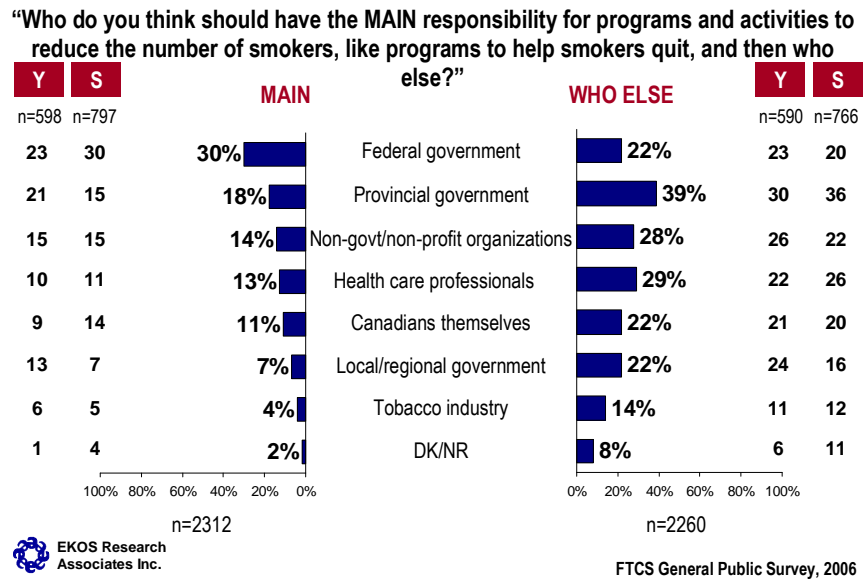
Responsibility for Reducing Smuggling



- Canadians living in British Columbia and the Atlantic provinces, as well as urban dwellers are more likely than other residents across the country to put the federal government in the driver seat in the area of reducing smuggling. This tendency also increases with education and income, as well as among those who are aware that fewer than one in four Canadians currently smoke. This is also the case with people who think that the risk from tobacco is decreasing over time, but who (nonetheless) think that the Government of Canada should be increasing its role.
- Among youth more specifically, most of the patterns of difference disappear.
- Among smokers some of the demographic patterns disappear, although there are still differences by perception of the harm and risk of tobacco and the appropriateness of the federal role, and rural smokers still place a greater degree of emphasis on a provincial role compared with urban smokers.

Cessation, through support programs and activities designed to help smokers quit, is an area many partners are seen as having some level of responsibility for. In terms of primary responsibility, the federal government is at the fore with 30 per cent. This is followed closely by provincial governments, NGOs and health care professionals. A similar picture is presented with regard to possible partners with additional responsibility with provincial governments in the lead at 39 per cent. There are no significant differences on the basis of age or smoker/non-smoker status.

Responsibility for Cessation



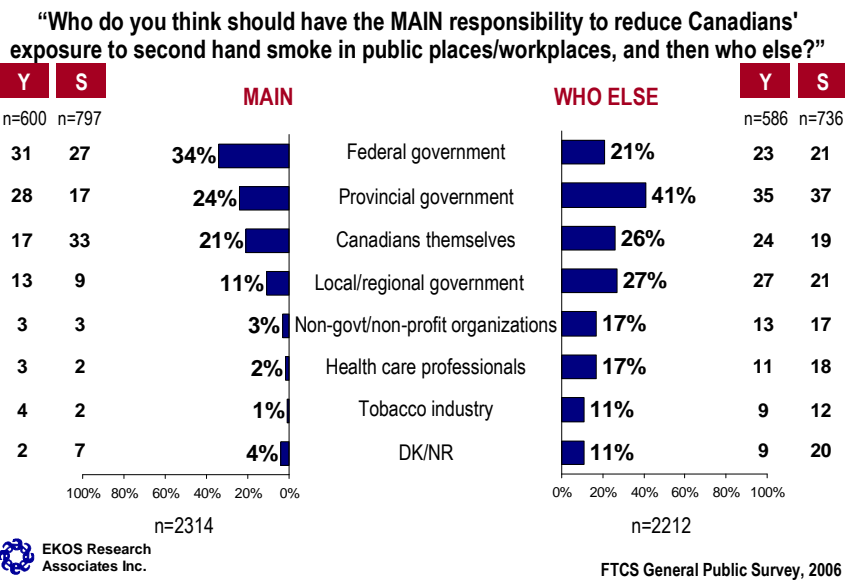
In cases where the federal government is suggested for the lead responsibility, many other partners are suggested for additional responsibility (although provincial governments top the list) (see table below). When provincial governments are indicated as the lead, virtually all partners are suggested equally for additional responsibility (which is also the case when Canadians themselves are suggested in the lead role). When NGOs are suggested as the lead, the federal government and health care professionals are suggested equally in a secondary role. Although few selected the tobacco industry as having the primary responsibility, among those who did, about half suggested the federal government as also having a role to play.

SECONDARY ROLE (Selected 2 nd)	PRIMARY ROLE (Selected 1 st)				
	Federal Government (n=636)	Provincial Government (n=397)	Non-gov./ Non-Profit Organizations (n=357)	Canadians Themselves (n=262)	Tobacco Industry (n=108)
The federal government	0	34	32	38	52
Your provincial government	69	0	38	40	31
Your local/regional government	28	25	22	23	9
Non-government/non-profit organization	34	33	0	33	23
Health care professionals	34	31	39	38	17
The tobacco industry	19	11	12	21	0
Canadians themselves	24	24	27	0	17

- The federal (primary) role is more popular among Canadians reporting the highest household income levels (\$100, 000 or more). It is also suggested more often among those who see a need for increasing federal involvement (and think of it as an appropriate federal role).
- A provincial lead is more commonly advocated in Quebec and among the university-educated (and those reporting the highest household incomes) than elsewhere in Canada.
- Among youth more specifically, most of the patterns of difference disappear.
- Among smokers most of the demographic patterns disappear, although there are still differences by perception of the harm and risk of tobacco and the appropriateness of the federal role, and employed smokers still place a greater degree of emphasis on the federal government compared with those not employed.

The issue of second-hand smoke is an interesting one. Although more suggest a lead role for the federal government (34 per cent), a fair number also advocate provincial governments or Canadians themselves in the lead role (24 and 21 per cent, respectively). Provincial governments are typically selected for some level of responsibility, even if it is not always the primary role. Forty-one per cent of those that selected someone else in the lead responsibility also picked provincial governments for some level of involvement, followed by Canadians themselves and local or regional government. In the case of second-hand smoke, when the federal government is not selected for primary responsibility, it is only the fourth most popular choice for any responsibility. Youth responses do not differ significantly on this item from other age groups. Smokers are less apt than non-smokers to select the federal or provincial governments as having primary responsibility. It is also smokers who more often than non-smokers suggest that Canadians themselves should take the lead on reducing second-hand smoke.

Responsibility for Reducing Second-Hand Smoke



Among those selecting the federal government in the lead role, most (73 per cent) also selected provincial governments for some involvement (see table below). Among those selecting provincial governments in the lead role, the federal government is tied with local governments and Canadians themselves for additional responsibility. Where respondents selected local governments for the primary responsibility, provincial governments and Canadians themselves are selected for additional responsibility more often than the federal government.

SECONDARY ROLE (Selected 2 nd)	PRIMARY ROLE (Selected 1 st)			
	Federal Government (n=730)	Provincial Government (n=550)	Canadians Themselves (n=508)	Local Government (n=259)
The federal government	0	39	33	24
Your provincial government	73	0	33	48
Your local/regional government	34	35	23	0
Non-government/non-profit organization	19	18	16	17
Health care professionals	18	16	18	15
The tobacco industry	14	10	11	8
Canadians themselves	29	36	0	38

- Provincial (primary) responsibility is more often suggested by Canadians with the highest levels of education and income.
- There are only minimal regional differences, although fewer residents of Alberta place the primary emphasis on the federal government (with more placing it at the regional or local level). A slightly larger proportion of Ontarians suggest that Canadians have the primary responsibility and the federal role is given marginally stronger emphasis in Quebec.
- Both levels of government are selected for the lead role more often by people who think that smoking is harmful. Only the federal government is selected, however, for primary responsibility by those who think that second-hand smoke is harmful (and those who would like to see the federal government increase its role, and see it as one that is appropriate).
- Canadians who do not see tobacco as harmful, would like to see the federal role eliminated and do not see it as an appropriate federal role, are more likely to suggest that Canadians themselves should have the primary responsibility in this area.
- Among youth specifically, there are no longer any differences by income or gender, although the other patterns still hold. Aboriginal youth are also more likely than non-Aboriginal youth to suggest involvement from the tobacco industry (although to a much smaller degree).
- Among smokers most of the demographic patterns disappear, although there are still differences by perception of the harm and risk of tobacco and the appropriateness of the federal role.

APPENDIX A
QUESTIONNAIRE
(ENGLISH AND FRENCH)

Hello, my name is _____ and I work for Ekos Research Associates.
 We are conducting a survey for Health Canada to obtain the views of Canadians
 16 years of age or older on a variety of issues. All of your responses to the
 survey are completely confidential and no personal information will be provided
 to Health Canada or any other organization as a result of this survey.
 The interview will take about 10 minutes. Is now a good time?

****NOTE: THEY MUST BE UNDER 25 YEARS OLD OR SMOKERS TO DO THE SURVEY SO IF YOU
 GET KICKED OUT OF THE SURVEY, CODE QF.**

@F6 @intro
 Notes
 @NOT1
 @NOT2
 @NOT3
 @NOT4
 @not5
 @not6

29:

RECAL

=> * if IF((ROT5=#1),1,2)
 in public places..... 1
 in workplaces..... 2

30:

SMK7S

At the present time do you smoke cigarettes (manufactured or roll your own) every
 day, occasionally, or not at all?
 Not at all 1
 Occasionally 2
 Every day..... 3
 DK/NR 9

31:

SMKRS

=> * if IF((SMK7S=#2,#3),1,2)
 Smoking status
 Smoker 1
 Non-smoker 2

32:

SMK2S

=> +1 if NOT (SMKRS=#1)
PROBE FOR PRECISE NUMBER PER DAY IF TOLD ABOUT # OF "PACKS"
 On average, how many cigarettes do you smoke per day?
 DK/NR 99

33:

SMK9S

=> +1 if SMKRS=#1

Have you smoked at least 100 cigarettes in your life?

Yes..... 1

No..... 2

DK/NR 9

34:

SMR2S

=> * if IF((SMKRS=#1),1,IF((SMK9S=#1),2,3))

Smoking status

Smoker 1

Past smoker..... 2

Non-smoker 3

35:

AGEXS

IF HESITANT MOVE ONTO NEXT QUESTION

In what year were you born? NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"

HESITANT 9999

36:

AGEYS

=> +1 if NOT (AGEXS=#1)

May I place your age into one of the following general age categories?

Under 25 01

25-34 years 02

35-44 years 03

45-54 years 04

55-64 years 05

65 years or older 06

(DO NOT READ) DK/NR 99

37:

AGES

=> * if IF((AGEXS>1981 AND AGEXS<1991),1,IF((AGEXS>1971 AND AGEXS<1982),2,IF((AGEXS>1961 AND AGEXS<1972),3,IF((AGEXS>1951 AND AGEXS<1962),4,IF((AGEXS>1941 AND AGEXS<1952),5,IF((AGEXS>=1900 AND AGEXS<1942),6,AGEYS))))))

Computed age

Under 25 01

25-34 years 02

35-44 years 03

45-54 years 04

55-64 years 05

65 years or older 06

(DO NOT READ) DK/NR 99

38:

SEX

=> INT if SMR2S=#2-#3 AND AGES=#2-#7

DO NOT ASK

Record gender of respondent

- Male..... 1
- Female 2

40:

SERPR

Please tell me if you think that each of the following is very, somewhat, not very or not at all serious...

41:

SER2

The harm to the health of smokers caused by smoking cigarettes

- Not at all serious..... 1
- Not very serious..... 2
- Somewhat serious..... 3
- Very serious..... 4
- Don't know 8
- No response 9

42:

SER3

The harm to the health of non-smokers caused by breathing in second hand smoke from cigarettes that other people are smoking

- Not at all serious..... 1
- Not very serious..... 2
- Somewhat serious..... 3
- Very serious..... 4
- Don't know 8
- No response 9

43:

RISK2

Would you say the health risk to Canadians generally that is posed by tobacco has increased, decreased or stayed about the same over the past 5 years?

- Increased..... 1
- Stayed the same 2
- Decreased 3
- Don't know 8
- No response 9

44:**WHYI**

=> +1 if NOT (RISK2=#1)

DO NOT READ LIST

Why do you think the level of health risk of tobacco has increased?	
Youth smoking more now	01
See it/smoking everywhere (GENERAL VIEWS: PERVASIVE, AVAILABLE...)	02
Hear more about someone with cancer/disease these days (INCLUDES AGING POPULATION, HEALTH ISSUES...)	03
Other (specify).....	77 O
DK/NR	99 X
CIGARETTES ARE MORE ADDICTIVE/MORE CHEMICALS/MORE ADDITIVES.....	
MEDIA REPORTS	04 N
INCREASED STRESS IN PEOPLE'S LIVES/JOBS	05 N
GOVERNMENTAL BANS/LEGISLATION/POLICIES/REACTIONS	06 N
	07 N

45:**WHYD**

=> +1 if NOT (RISK2=#3)

DO NOT READ LIST

Why do you think the level of health risk of tobacco has decreased?	
Higher awareness in public now about risks/MESSAGE/ADVERTISING GETTING THROUGH	
See/know fewer and fewer people smoking these days/MORE PEOPLE QUITTING (GENERAL VIEWS)	01
Smoking not allowed in public places anymore/GVERNMENTAL LEGISLATION	03
Other (specify).....	77 O
DK/NR	99 X
PRICE/INCREASE IN TAXES	04 N

46:**SMPER**

About what percentage of all Canadians do you think smokes even occasionally?
 DK/NR 999

47:**CONT2**

=> +1 if NOT(ROT7=#1)

Some people say that smoking rates in Canada are decreasing and public focus should now be on other health issues such as obesity or wait times. Other people say that there are still 5 million smokers in Canada and so tobacco should continue to be a high priority. From your own point of view, should tobacco continue to be a high government priority?

Yes.....	1
No	2
(DO NOT READ) Focus on both/all issues	3
(DO NOT READ) Don't know	8
(DO NOT READ) No response.....	9

48:

CNT2B

=> +1 if NOT(ROT7=#2)

Some people say that there are still 5 million smokers in Canada and so tobacco should continue to be a high priority. Other people say that smoking rates in Canada are decreasing and public focus should now be on other health issues such as obesity or wait times. From your own point of view, should tobacco continue to be a high government priority?

- Yes..... 1
- No..... 2
- (DO NOT READ) Focus on both/all issues 3
- (DO NOT READ) Don't know 8
- (DO NOT READ) No response..... 9

49:

AWAR

Can you identify anything the Government of Canada does currently in order to reduce tobacco related disease and death among Canadians?

- Yes..... 1
- No..... 2
- DK/NR 9

50:

AWAR2

=> +1 if NOT(AWAR=#1)

DO NOT READ LIST

What does the Government of Canada currently do to reduce tobacco-related disease and death among Canadians?

- Ban smoking in public places..... 01
- Advertising about risk of smoking 02
- Warning labels of packages..... 03
- Increase prices/higher taxes..... 04
- Restriction on sales of cigarettes to youth 05
- General restrictions on sales of tobacco products..... 07
- Community/educational (school) awareness programs(INCLUDES STOP SMOKING CAMPAIGNES AND HOT LINES)..... 06
- Other (specify)..... 77 O
- (DO NOT READ) Don't know 98 X
- (DO NOT READ) No response..... 99 X

51:

FTCS

The federal government does have programs and legislation in place. The current Federal Tobacco Control Strategy is an initiative to reduce smoking-related disease and death. Health Canada leads this strategy that involves mass media campaigns, laws and regulations for the manufacture and sale of tobacco, aids for smokers to quit, along with a number of other efforts. Is this an appropriate role for the Government of Canada, or would this role be best left up to others, like the provinces or not for profit organizations like the Canadian Cancer Society?

- 1 - Yes, appropriate for federal government
- 2 - No, better left to others
- 9 - DK/NR

@FTCS

52:

INVOL

In the area of reducing smoking, second hand smoke and regulating tobacco, in the future, would you like to see the federal government increase its level of involvement, maintain its current level of involvement, reduce its level of involvement or eliminate its involvement altogether.

- Increase involvement..... 1
- Maintain involvement..... 2
- Reduce involvement 3
- Eliminate involvement..... 4
- DK/NR 9

53:

PARTN

READ LIST

There are many partners who have an interest in reducing the use of tobacco. Which of the following do you think is the most appropriate role for the federal government to play?

- A leadership role 1
- An equal partner with the provinces and not for profit organizations like the Canadian Cancer Society..... 2
- A very limited role, assisting and/or coordinating with the provinces and not for profit organizations..... 3
- DK/NR 9

54:

MNVO

There are a variety of organizations that have an interest in tobacco and health. Please indicate how much involvement you feel each of the following organizations or groups of individuals should have in reducing the health risks of smoking and second hand smoke. Please use a 7-point scale where 1 is not all involved, 7 is extremely involved and 4 is somewhat.

55:

INVO1

How involved...should be in reducing health risks of smoking and SHS

The federal government

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

56:

INVO2

How involved...should be in reducing health risks of smoking and SHS

The provincial government

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

57:

INVO3

How involved...should be in reducing health risks of smoking and SHS

Non-governmental or not-for-profit organizations like the Canadian Cancer Society

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

58:

INVO4

How involved...should be in reducing health risks of smoking and SHS

Health care professionals like doctors, nurses and dentists

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

59:

INVO5

How involved...should be in reducing health risks of smoking and SHS

The tobacco industry

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

60:

INVO6

How involved...should be in reducing health risks of smoking and SHS

Your local or regional government, such as the health board

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

61:

INVO7

How involved...should be in reducing health risks of smoking and SHS

Canadians themselves

1. Not at all involved	1
2.....	2
3.....	3
4. Somewhat involved	4
5.....	5
6.....	6
7. Extremely involved	7
DK/NR	9

63:

RESP

Next, I would like you to think about the organization that should be responsible for different activities. For each one I will ask you which one you think should have the main responsibility and then which other organizations, if any, should also have some responsibility...

64:**RESP1**

=> +1 if NOT(ROT1=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to regulate the manufacturing of tobacco products to reduce harm to smokers. This could be through research to find ways of reducing nicotine content in cigarettes, for example. Should it be.....(read list)/ Would you like me to read the list again?

The federal government.....	01
Your provincial government.....	02
Your local or regional government (if asked - health board).....	03
-----	04
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05
Health care professionals like doctors, nurses and dentists	06
-----	07
The tobacco industry	08
-----	09
Canadians themselves.....	10
DK/NR	99 X

65:**RSP1B**

=> +1 if NOT(RESP1=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility for regulating the manufacturing of tobacco products to reduce harm to smokers. Would you like me to read the list again? Is there anyone else?

The federal government.....	01
Your provincial government.....	02
Your local or regional government (if asked - health board).....	03
-----	04
Non-governmental or not-for-profit organizations like the Canadian Cancer Society	05
Health care professionals like doctors, nurses and dentists	06
-----	07
The tobacco industry	08
-----	09
Canadians themselves.....	10
DK/NR	99 X

66:

RESP2

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce the number of youth who take up smoking Should it be....(read list) / Would you like me to read the list again?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

67:

RSP2B

=> +1 if NOT(ESP2=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to reduce the number of youth who take up smoking Would you like me to read the list again? / Is there anyone else?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

68:

RESP3

=> +1 if NOT(ROT3=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce smuggling of cigarettes Should it be....(read list) / Would you like me to read the list again?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

69:

RSP3B

=> +1 if NOT(RESP3=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to reduce smuggling of cigarettes Would you like me to read the list again? Is there anyone else?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

70:

RESP4

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility for programs and activities to reduce the number of smokers, like programs to help smokers quit. Should it be...(read list) / Would you like me to read the list again?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

71:

RSP4B

=> +1 if NOT(RESP4=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility for programs and activities to reduce the number of smokers, like programs to help smokers quit. Would you like me to read the list again? Is there anyone else?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

72:

RESP5

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to reduce Canadians' exposure to second hand smoke <recal > Should it be ...(read list) / Would you like me to read the list again?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

73:

RSP5B

=> +1 if NOT(RESP5=#1-#10)

ACCEPT ALL THAT APPLY

Who else should have responsibility to reduce Canadians' exposure to second hand smoke <recal >. Would you like me to read the list again? Is there anyone else?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

74:

RESP6

=> +1 if NOT(ROT6=#1)

ACCEPT ONLY 1 ANSWER

Who do you think should have the MAIN responsibility to regulate the sale of tobacco products. Should it be ...(read list) / Would you like me to read the list again?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

75:

RSP6B

=> +1 if NOT(RESP6=#1-#10)

ACCEPT ALL THAT APPLY

Who else do you think should have responsibility to regulate the sale of tobacco products. Would you like me to read the list again? Is there anyone else?

- The federal government..... 01
- Your provincial government..... 02
- Your local or regional government (if asked - health board)..... 03
- 04
- Non-governmental or not-for-profit organizations like the Canadian Cancer Society 05
- Health care professionals like doctors, nurses and dentists 06
- 07
- The tobacco industry 08
- 09
- Canadians themselves..... 10
- DK/NR 99 X

77:

BACK

Now I have just have a few background questions to complete the survey.

83:

HOU

read list

Which of the following types best describes your current household?

- One person, living alone 01
- Single, with child/children..... 02
- A married or common-law couple, without children..... 03
- A married or common-law couple, with children..... 04
- Single, without children, living with roommate(s) 05
- Single, without children, living with family/ parents 06
- Other (please specify)..... 77 O
- DK/NR 99

84:

KID1A

=> +1 if NOT (HOU=#2,#4,#7)

READ LIST

Do you have any children in the following age groups?

- under 2 1
- 2-6..... 2
- 7-12..... 3
- 13-17..... 4
- 18 or over 5
- (DO NOT READ) Do not have any children 8 X
- (DO NOT READ) DK/NR 9 X

85:

EDU20

What is the highest level of schooling that you have completed?

- Some high school or less 01
- High school graduate 02
- Some college 03
- Community/Technical college or CEGEP graduate 04
- Private college graduate 05
- Some university 06
- Bachelor's degree..... 07
- Graduate degree..... 08
- DK/NR 99

86:**EMPL**

What is your current employment status?	
Self-employed	01
Employed full-time.....	02
Employed part-time/seasonal/contract.....	03
Unemployed and looking	04
Unemployed and not looking	05
Student.....	06
Retired	07
Leave (maternity, disability).....	08
Homemaker	09
Other (specify).....	77 O
DK/NR	99

87:**INCM***read list*

What is your annual HOUSEHOLD income from all sources before taxes? Is it...(read list)	
<\$20,000.....	1
\$20,000-\$29,999.....	2
\$30,000-\$39,999.....	3
\$40,000-\$49,999.....	4
\$50,000-\$59,999.....	5
\$60,000-\$79,999.....	6
\$80,000-\$99,999.....	7
\$100,000 or more	8
DK/NR	9

91:**MINOR***READ LIST, CHOOSE ALL THAT APPLY*

Do you consider yourself to beread list PROMPT IF NECESSARY: A member of a visible minority by virtue of your race or colour	
A member of a visible minority.....	1
An Aboriginal person	2
(DO NOT READ) None	8 X
(DO NOT READ) DK/NR	9 X

92:**THNK**

Thank you for completing our survey!	
Completion	1 D

Bonjour. Je m'appelle ____ et je travaille pour les Associés de recherche Ekos. Nous faisons un sondage pour Santé Canada afin de connaître l'opinion de Canadiens âgés de 16 ans et plus sur divers sujets. Toutes vos réponses au sondage seront traitées de façon absolument confidentielle et aucun renseignement personnel ne sera transmis à Santé Canada ni à aucune autre organisation à la suite de ce sondage. L'entrevue devrait prendre environ 10 minutes. Pouvons-nous la faire maintenant?

@F6 @intro
 Notes
 @NOT1
 @NOT2
 @NOT3
 @NOT4
 @not5
 @not6

29: **RECAL**

=> * si	IF((ROT5=#1),1,2)
---------	-------------------

dans les lieux publics 1
 au travail 2

30: **SMK7S**

Est-ce que vous fumez présentement la cigarette (manufacturer ou que vous roulez vous-même) tous les jours, à l'occasion ou pas du tout?

Pas du tout	1
A l'occasion	2
Tous les jours.....	3
NSP/PDR.....	9

31: **SMKRS**

=> * si	IF((SMK7S=#2,#3),1,2)
---------	-----------------------

État de fumeur ou non-fumeur

Fumeur	1
Non-fumeur	2

32: **SMK2S**

=> +1 si	NOT (SMKRS=#1)
----------	----------------

CHERCHER NOMBRE PRÉCIS PAR JOUR SI LA RÉPONSE EST UN # DE "PAQUETS"

En moyenne, combien de cigarettes fumez-vous par jour?

NSP/PDR.....	99
--------------	----

33:

SMK9S

=> +1 si SMKRS=#1

Avez-vous fumé au moins 100 cigarettes au cours de votre vie?
Oui..... 1
Non..... 2
NSP/PDR..... 9

34:

SMR2S

=> * si IF((SMKRS=#1),1,IF((SMK9S=#1),2,3))

État de fumeur ou non-fumeur
Fumeur 1
Ancien fumeur..... 2
Non-fumeur 3

35:

AGEXS

EN CAS D'HÉSITATION PASSER A LA QUESTION SUIVANTE

En quelle année êtes-vous né? NOTE: INSCRIRE L'ANNÉE AU COMPLET, P.
EX., "1977"
HÉSITANT 9999

36:

AGEYS

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

Puis-je vous situer dans l'un des groupes d'âges suivants?
Moins de 25 ans..... 01
25-34 ans 02
35-44 ans 03
45-54 ans 04
55-64 ans 05
65 ans ou plus 06
(NE PAS LIRE) NSP/PDR..... 99

37:

AGES

=> * si IF((AGEXS>1981 AND AGEXS<1991),1,IF((AGEXS>1971 AND AGEXS<1982),2,IF((AGEXS>1961 AND AGEXS<1972),3,IF((AGEXS>1951 AND AGEXS<1962),4,IF((AGEXS>1941 AND AGEXS<1952),5,IF((AGEXS>=1900 AND AGEXS<1942),6,AGEYS))))))I

Computed age
Moins de 25 ans..... 01
25-34 ans 02
35-44 ans 03
45-54 ans 04
55-64 ans 05
65 ans ou plus 06
(NE PAS LIRE) NSP/PDR..... 99

38:

SEX

=> INT si AGES=#2-#7

NE PAS DEMANDER

Inscrire le sexe du repondant

Homme 1
Femme 2

40:

SERPR

Dites-moi s'il vous plaît si vous croyez que ce qui suit est très, assez, pas tellement ou pas du tout sérieux...

41:

SER2

Les méfaits causés à la santé des fumeurs par la cigarette

Pas du tout sérieux..... 1
Pas tellement sérieux 2
Assez sérieux 3
Très sérieux 4
Je ne sais pas..... 8
Pas de réponse 9

42:

SER3

Les méfaits causés à la santé des non-fumeurs par la fumée secondaire provenant des cigarettes fumées par d'autres personnes

Pas du tout sérieux..... 1
Pas tellement sérieux 2
Assez sérieux 3
Très sérieux 4
Je ne sais pas..... 8
Pas de réponse 9

43:

RISK2

Diriez-vous que le risque pour la santé des Canadiens en général posé par le tabac a augmenté, a diminué ou est resté à peu près le même au cours des 5 dernières années?

A augmenté..... 1
Est resté le même..... 2
A diminué 3
Je ne sais pas..... 8
Pas de réponse 9

44:**WHYI**

=> +1 si NOT (RISK2=#1)

NE PAS LIRE LA LISTE

Pourquoi le niveau de risque du tabac pour la santé a-t-il augmenté, selon vous?

Les jeunes fument davantage maintenant 01

On fume partout..... 02

On entend plus souvent parler de nos jours de quelqu'un qui a le cancer/est malade03

Autre réponse (préciser) 77 O

NSP/PDR..... 99 X

45:**WHYD**

=> +1 si NOT (RISK2=#3)

NE PAS LIRE LA LISTE

Pourquoi le niveau de risque du tabac pour la santé a-t-il diminué, selon vous?

Le public est plus au courant des risques maintenant 01

On voit/connait de moins en moins de gens qui fument de nos jours..... 02

Il n'est plus permis de fumer dans les lieux publics..... 03

Autre réponse (préciser) 77 O

NSP/PDR..... 99 X

46:**SMPER**

Selon vous, quel est le pourcentage de tous les Canadiens qui fument, même à l'occasion?

NSP/PDR..... 999

47:**CONT2**

=> +1 si NOT(ROT7=#1)

Certains disent que les taux de tabagisme diminuent au Canada et qu'il faut maintenant attirer l'attention du public sur d'autres problèmes de santé comme l'obésité ou les temps d'attente. D'autres disent qu'il y a encore 5 millions de fumeurs au Canada et que le tabac doit donc demeurer une priorité importante. A votre avis, le tabac doit-il demeurer une forte priorité pour le gouvernement?

Oui..... 1

Non..... 2

(NE PAS LIRE) Attirer l'attention sur les deux/ tous les problèmes 3

(NE PAS LIRE) Je ne sais pas..... 8

(NE PAS LIRE) Pas de réponse 9

48:

CNT2B

=> +1 si NOT(ROT7=#2)

Certains disent qu'il y a encore 5 millions de fumeurs au Canada et que le tabac doit donc demeurer une priorité importante. D'autres disent que les taux de tabagisme diminuent au Canada et qu'il faut maintenant attirer l'attention du public sur d'autres problèmes de santé comme l'obésité ou les temps d'attente. A votre avis, le tabac doit-il demeurer une forte priorité pour le gouvernement?

- Oui 1
- Non 2
- (NE PAS LIRE) Attirer l'attention sur les deux/ tous les problèmes 3
- (NE PAS LIRE) Je ne sais pas 8
- (NE PAS LIRE) Pas de réponse 9

49:

AWAR

Pouvez-vous nommer quelque mesure que ce soit actuellement prise par le gouvernement du Canada pour réduire les maladies et les décès associés au tabac chez les Canadiens?

- Oui 1
- Non 2
- NSP/PDR 9

50:

AWAR2

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

NE PAS LIRE LA LISTE

Que fait actuellement le gouvernement du Canada pour réduire les maladies et les décès associés au tabac chez les Canadiens?

- Interdiction de fumer dans les lieux publics 01
- Publicité sur les risques associés au tabac 02
- Avertissements sur les paquets de cigarettes 03
- Hausse des prix/taxes 04
- Restriction sur la vente de cigarettes aux jeunes 05
- Restrictions générales sur la vente des produits du tabac 07
- Programmes communautaires/scolaires de sensibilisation 06
- Autre réponse (préciser) 77 O
- (NE PAS LIRE) Je ne sais pas 98 X
- (NE PAS LIRE) Pas de réponse 99 X

51:**FTCS**

Le gouvernement fédéral dispose bel et bien de programmes et de mesures législatives. Présentement, la Stratégie fédérale de lutte contre le tabagisme est une initiative destinée à réduire les maladies et décès liés au tabagisme. Santé Canada est le chef de file de cette stratégie qui comporte des campagnes médiatiques, des lois et règlements sur la fabrication et la vente de tabac, des moyens pour aider les fumeurs à abandonner la cigarette et diverses autres mesures. Ce rôle convient-il au gouvernement du Canada ou faudrait-il plutôt laisser ce rôle à d'autres comme aux provinces ou à des organisations sans but lucratif, comme à la Société canadienne du cancer?

- 1 - Oui, convient au gouvernement fédéral
 - 2 - Non, le laisser à d'autres
 - 9 - NSP/PDR
- @FTCS

52:**INVOL**

Pour ce qui est de réduire le tabagisme et la fumée secondaire et de réglementer le tabac, voudriez-vous qu'à l'avenir le gouvernement fédéral augmente son engagement, le maintienne à son niveau actuel, réduise son engagement ou élimine carrément son engagement.

- Augmente son engagement..... 1
- Maintienne son niveau actuel d'engagement 2
- Réduise son engagement 3
- Elimine son engagement..... 4
- NSP/PDR..... 9

53:**PARTN****LIRE LA LISTE**

Il y a plusieurs partenaires qui démontrent un intérêt à vouloir réduire la consommation de tabac. Parmi les rôles suivants, lequel est le plus approprié selon vous pour le gouvernement fédéral?

- Un rôle de chef de file 1
- Un partenariat à égalité avec les provinces et les organisations sans but lucratif comme la Société canadienne du cancer..... 2
- Un rôle très limité de soutien et/ou de coordination avec les provinces et les organisations sans but lucratif 3
- NSP/PDR..... 9

54:**MNVO**

Diverses organisations ont un intérêt en matière de tabagisme et de santé. Dites-moi s'il vous plaît dans quelle mesure les organisations ou groupes de personnes ci-dessous devraient s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire. Veuillez répondre selon une échelle de 7 points où 1 signifie qu'ils ne devraient pas du tout s'engager, 7, qu'ils devraient s'engager énormément et 4, s'engager moyennement.

55:**INVO1**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Le gouvernement fédéral

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

56:**INVO2**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Le gouvernement provincial

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

57:**INVO3**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

58:**INVO4**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les professionnels de la santé comme les médecins, infirmières et dentistes

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

59:**INVO5**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) L'industrie du tabac

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

60:**INVO6**

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Votre administration locale ou régionale, comme votre agence de santé

1. Pas du tout s'engager	1
2.....	2
3.....	3
4. S'engager moyennement.....	4
5.....	5
6.....	6
7. S'engager énormément.....	7
NSP/PDR.....	9

61:

INVO7

(Mesure où...devrai(en)t s'engager en vue de réduire les risques pour la santé provenant du tabagisme et de la fumée secondaire) Les citoyens eux-mêmes

- 1. Pas du tout s'engager 1
- 2..... 2
- 3..... 3
- 4. S'engager moyennement..... 4
- 5..... 5
- 6..... 6
- 7. S'engager énormément..... 7
- NSP/PDR..... 9

63:

RESP

Et maintenant, j'aimerais savoir quelle organisation devrait, selon vous, avoir la responsabilité de diverses activités. Pour chacune, je vais vous demander à qui devrait revenir la responsabilité principale et quelles autres organisations devraient, le cas échéant, avoir une certaine responsabilité...

64:

RESP1

=> +1 si NOT(ROT1=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réglementer la fabrication des produits du tabac en vue de réduire les méfaits causés aux fumeurs? Il pourrait s'agir, par exemple, de travaux de recherche en vue de diminuer la teneur en nicotine des cigarettes. Est-ce que ça devrait être...(lire la liste)/Voulez-vous que je relise liste?

- Le gouvernement fédéral 01
- Votre gouvernement provincial 02
- Votre administration locale ou régionale (si on le demande - votre agence de santé)03
- 04
- Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer 05
- Les professionnels de la santé comme les médecins, infirmières et dentistes 06
- 07
- L'industrie du tabac 08
- 09
- Les citoyens eux-mêmes..... 10
- NSP/PDR..... 99 X

65:

RSP1B

=> +1 si NOT(RESPI=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réglementer la fabrication des produits du tabac en vue de réduire les méfaits causés aux fumeurs? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

66:

RESP2

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire le nombre de jeunes qui commencent à fumer? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral	01
Votre gouvernement provincial.....	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

67:**RSP2B**

=> +1 si NOT(RESP2=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire le nombre de jeunes qui commencent à fumer? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

68:**RESP3**

=> +1 si NOT(ROT3=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire la contrebande de cigarettes? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

69:

RSP3B

=> +1 si NOT(Resp3=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire la contrebande de cigarettes? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
-----	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
-----	07
L'industrie du tabac	08
-----	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

70:

RESP4

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité des programmes et activités en vue de réduire le nombre de fumeurs, comme les programmes pour aider les fumeurs à cesser de fumer? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
-----	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
-----	07
L'industrie du tabac	08
-----	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

71:**RSP4B**

=> +1 si NOT(RESP4=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est des programmes et activités en vue de réduire le nombre de fumeurs, comme les programmes pour aider les fumeurs à cesser de fumer? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

72:**RESP5****ACCEPTER UNE SEULE REPONSE**

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réduire l'exposition des Canadiens à la fumée secondaire <recal >? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral	01
Votre gouvernement provincial.....	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

73:**RSP5B**

=> +1 si NOT(RES5=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réduire l'exposition des Canadiens à la fumée secondaire? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

74:**RESP6**

=> +1 si NOT(ROT6=#1)

ACCEPTER UNE SEULE REPONSE

Selon vous, qui devrait avoir la PRINCIPALE responsabilité pour ce qui est de réglementer la vente des produits du tabac? Est-ce que ça devrait être... (lire la liste)/ Voulez-vous que je relise la liste?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

75:

RSP6B

=> +1 si NOT(RESP6=#1-#10)

ACCEPTER TOUTE REPONSE PERTINENTE

Qui d'autre devrait avoir une responsabilité pour ce qui est de réglementer la vente des produits du tabac? Voulez-vous que je relise la liste? Y en a-t-il d'autres?

Le gouvernement fédéral	01
Votre gouvernement provincial	02
Votre administration locale ou régionale (si on le demande - votre agence de santé)03	
.....	04
Des organisations non gouvernementales ou sans but lucratif comme la Société canadienne du cancer	05
Les professionnels de la santé comme les médecins, infirmières et dentistes	06
.....	07
L'industrie du tabac	08
.....	09
Les citoyens eux-mêmes.....	10
NSP/PDR.....	99 X

77:

BACK

Il me reste quelques questions personnelles avant de terminer le sondage.

83:

HOU

read list

Lequel des ménages suivants décrit le mieux celui dans lequel vous vivez?

Une personne seule.....	01
Célibataire, avec enfant(s).....	02
Couple marié ou en union de fait, sans enfant.....	03
Couple marié ou en union de fait, avec enfant(s)	04
Célibataire, sans enfant, vivant avec colocataire(s).....	05
Célibataire, sans enfant, vivant avec famille/ parents.....	06
Autre réponse (veuillez préciser).....	77 O
NSP/PDR.....	99

84:

KID1A

=> +1 si NOT (HOU=#2,#4,#7)

LIRE LA LISTE

Avez-vous des enfants dans les groupes d'âges suivants?

moins de 2 ans	1
2-6 ans	2
7-12 ans	3
13-17 ans	4
18 ans et plus	5
(NE PAS LIRE) DO NOT HAVE ANY CHILDREN	8 X
(NE PAS LIRE) NSP/PDR.....	9 X

85:**EDU20**

Quel est le plus haut niveau de scolarité que vous avez atteint?	
Un peu d'école secondaire ou moins.....	01
Diplôme d'études secondaires.....	02
Un peu d'études collégiales.....	03
Diplôme d'un collège communautaire/technique ou CEGEP.....	04
Diplôme d'un collège privé.....	05
Un peu d'études universitaires.....	06
Baccalauréat.....	07
Diplôme d'études supérieures.....	08
NSP/PDR.....	99

86:**EMPL**

Quelle est votre situation d'emploi actuelle?	
Travailleur autonome.....	01
Employé à temps plein.....	02
Employé à temps partiel/saisonnier/à contrat.....	03
Sans emploi et qui en cherche.....	04
Sans emploi et qui n'en cherche pas.....	05
Etudiant.....	06
Retraité.....	07
En congé (de maternité, d'invalidité).....	08
Personne au foyer.....	09
Autre réponse (préciser).....	77 O
NSP/PDR.....	99

87:**INCM****LIRE LA LISTE**

Quel est le revenu annuel de votre MÉNAGE, de toutes sources, avant impôts?	
<20,000\$.....	1
20,000\$-29,999\$.....	2
30,000\$-39,999\$.....	3
40,000\$-49,999\$.....	4
50,000\$-59,999\$.....	5
60,000\$-79,999\$.....	6
80,000\$-99,999\$.....	7
100,000\$ ou plus.....	8
NSP/PDR.....	9

91:**MINOR****LIRE LA LISTE, RETENIR TOUTE RÉPONSE PERTINENTE**

Considérez-vous que vous appartenez à l'un des groupes suivants? SUGGÉRER AU BESOIN: Membre d'une minorité visible en raison de votre race ou de la couleur de votre peau	
Membre d'une minorité visible.....	1
Autochtone.....	2
(NE PAS LIRE) Aucun.....	8 X
(NE PAS LIRE) NSP/PDR.....	9 X

92:

THNK

Merci d'avoir répondu à notre sondage

Complet 1 D

APPENDIX B
RESPONSE RATE

Exhibit 1
Call Results and Response Rate Table

Total Numbers Accepted		53497
Total out of scope		11326
Numbers not in service	9355	
Business or non residential lines	1890	
Duplicates	17	
Numbers blocked by Phone companies	64	
Total Unresolved		8249
Busy , no answers, Answering machines	6168	
Retired, called 10 times without success	2081	
Total In-scope Non-responding		13327
Language difficulty	777	
Other	167	
Unavailable	45	
Household refusals	12238	
Break offs	100	
Total In-scope Responding units		20595
Completes	2317	
Ineligible	2437	
Quota Filled	15841	
Response Rate		48.8%

APPENDIX C
REGRESSION ANALYSIS

	DEPENDENT VARIABLES	
	Dependent variable "How involved ... should be in reducing health risks of smoking and SHS: The federal government"	Dependent variable "In the area of reducing smoking, second hand smoke and regulating tobacco, in the future, would you like to see the federal government increase its level of involvement, maintain its current level of involvement, reduce its level of involvement or eliminate?"
Linear Regression Model (Stepwise Entry Method)		
	Standardized Coefficients (Betas)	
How involved ... should be in reducing health risks of smoking and SHS: The provincial government	.608*	-.251*
Count of responsibilities for Federal Government	.222*	-.150*
How serious is ... The harm to the health of non-smokers caused by breathing in second hand smoke from cigarettes that other people are smoking	.063*	-.164*
Categorical dummy variable Smoking Status: Smoker versus Non-smoker	-.076*	.124*
How involved ... should be in reducing health risks of smoking and SHS: The tobacco industry	-.074*	---
Count of responsibilities for Provincial Government	-.077*	---
Count of responsibilities for Canadians Themselves	-.050*	.038
About what percentage of all Canadians do you think smokes even occasionally?	.049*	-.093*
Categorical dummy variable Priority: Tobacco should be a high government priority versus Not/Focus on both	.047*	-.183*
How involved ... should be in reducing health risks of smoking and SHS: Canadians themselves	.044*	---
How involved ... should be in reducing health risks of smoking and SHS: Your local or regional government, such as the health board	---	-.073*
Count of responsibilities for Tobacco Industry	-.043*	---
Count of responsibilities for Local Government	.037	---
Categorical dummy variable Gender: Male versus Female	---	-.062*
Adjusted R Square	0.63	0.37

* Significant at 0.01 level

--- Insignificant