Smoking and Alcohol Consumption

Smokers are more likely to drink alcohol than non-smokers. Eighty-three percent of Nova Scotians who report themselves as ever smokers are also regular or occasional alcohol drinkers. A significantly lower percentage (79%) of non-smokers report being regular or occasional drinkers.

Smoking and Health

Smoking increases the risk of a range of health problems such as cardiovascular disease, cancer and high blood pressure. In Nova Scotia, there is a significantly lower smoking rate among those who self-report "excellent" or "very good" health status compared to those who report "poor", "fair", or "good" health (Figure 5).

**FIGURE 5** Percent of Smokers by Self-perceived Health Status

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Self-perceived health status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>32.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>22.0%</td>
</tr>
<tr>
<td>Good</td>
<td>16.7%</td>
</tr>
<tr>
<td>Fair</td>
<td>15.6%</td>
</tr>
<tr>
<td>Poor</td>
<td>14.4%</td>
</tr>
<tr>
<td>Fair</td>
<td>10.9%</td>
</tr>
<tr>
<td>Good</td>
<td>10.3%</td>
</tr>
<tr>
<td>Good</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

The literature indicates an increased percentage of smoking among those who also report poor mental health. This relationship is demonstrated by the CCHS. There are significantly less self-reported smokers among those who report "poor", "fair", or "good" mental health compared to those who report "poor", "fair", or "good" mental health (Figure 6).

**FIGURE 6** Percent of Smokers by Self-perceived Mental Health Status

<table>
<thead>
<tr>
<th>Mental Health Status</th>
<th>Self-perceived mental health status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>32.1%</td>
</tr>
<tr>
<td>Fair</td>
<td>22.0%</td>
</tr>
<tr>
<td>Good</td>
<td>16.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>15.6%</td>
</tr>
<tr>
<td>Fair</td>
<td>10.9%</td>
</tr>
<tr>
<td>Good</td>
<td>10.3%</td>
</tr>
<tr>
<td>Good</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Smoking across DHAs

Smoking rate varies across DHAs. DHA 7 has the lowest percentage of smokers (14%), followed by DHA 5 (15%), whereas DHA 9 has the highest (26%). The percentage of smokers who report "poor" and DHA 9 are significantly lower than DHA 5, 6, and 7 (Table 2). The percentage of regular second-hand smoke exposure among non-smoking population varies across DHAs. DHA 9 ranks the highest (15%), followed by DHA 8 (14%). The estimates of DHA 9 and DHA 8 are both significantly higher than DHA 6 (2%), which is the lowest among all DHAs. The percentages of second-hand smoke exposure among public places/private vehicles vary across DHAs. DHA 9 ranks the highest (19%), followed by DHA 8 (18%). The estimates of DHA 9 and DHA 8 are both significantly higher than DHA 1, 2, and 7 (Table 2).

**TABLE 2** Percent of Second-hand Smoke Exposure by DHA

<table>
<thead>
<tr>
<th>DHA</th>
<th>Percent of Second-hand Smoke Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHA 1</td>
<td>10.9%</td>
</tr>
<tr>
<td>DHA 2</td>
<td>13.1%</td>
</tr>
<tr>
<td>DHA 3</td>
<td>14.9%</td>
</tr>
<tr>
<td>DHA 4</td>
<td>11.5%</td>
</tr>
<tr>
<td>DHA 5</td>
<td>11.7%</td>
</tr>
<tr>
<td>DHA 6</td>
<td>7.6%</td>
</tr>
<tr>
<td>DHA 7</td>
<td>10%</td>
</tr>
<tr>
<td>DHA 8</td>
<td>16.7%</td>
</tr>
<tr>
<td>DHA 9</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

Additional References

This document was prepared by the Information Analysis and Reporting, Information Management Branch of the Nova Scotia Department of Health.

For additional information on the data included in this report, you can contact us at (902) 494-4343.

Copies of this report are available online at www.gov.ns.ca/english/ hppub/health/reports.html.

Click on ‘Canadian Community Health Survey (CCHS)’ for copies of this and other reports in the series. A series of Canada Statistics publications based on CCHS data are available at www.statcan.ca/english/ freepub/82-003-SIE/freep.htm.

Topics include self-perceived health status of Canadians, health status of immigrants, and mental health status of immigrants.

References


Appendix C

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV) and the 95% confidence intervals (CI). The CVs and CIs were used to decide if a point estimate could be reported. Data with a coefficient of variation (CV) from 16.0% to 33.3% should be interpreted with caution. Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.

Highlights

• 23 percent of Nova Scotians aged 12 and over smoke.
• More men report smoking than women.
• Smoking is most prevalent among Nova Scotians aged 18 to 24 years old.
• Smoking is more common in people from lower income groups and people who have less education.
• 16 percent of non-smokers report being regularly exposed to second-hand smoke.
• 62 percent of Nova Scotians report smoking protections inside the home. 41 percent report that smoking is banned at the workplace.
• 32 percent of pregnant women report being exposed to second-hand smoke.
• Smokers are more likely to drink alcohol than non-smokers.
• Smoking is prevalent among those who report poorer health status.
• DHA 9 had the highest rates of second-hand smoke exposure in both public places and private vehicles.

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide 133 health regions across the country with regular and timely cross-sectional information about Canadians’ physical and mental well-being, factors that affect their health, and their use of health care services.

Data from the second installment of the CCHS (Cycle 2.1) were collected between January and December 2003 and were released in June 2004. More than 127,000 Canadian aged 12 years and older were interviewed. The primary objective of the CCHS is to collect comprehensive data on health status, health determinants, health status and health system utilization in a multi-provincial setting. The CCHS will assist health regions in planning, implementing and evaluating health promotion campaigns.

This report, the first in a series from the CCHS 2.1, examines Nova Scotians’ smoking behaviors and associated factors.
Who is Smoking?

Thirty-two percent of Nova Scotians aged 25 and over report that they smoke. In 1997, 32% reported smoking (compared to 33% in CCHS 1.1), and 4% report smoking occasionally (compared to 5% in CCHS 1.1). The self-reported smoking rate for Nova Scotia is equal to the self-reported smoking rate for Canada as a whole.

The provincial smoking rate and the Canadian smoking rate estimated from the CCHS are slightly higher than those published by Health Canada from the Canadian Tobacco Use Monitoring Survey (CTUMS) data. According to CTUMS 2003, the smoking rate for Nova Scotia aged 15 and over is 23% for men and 18% for women.

A higher proportion of males (32%) compared to females (24%) are current smokers. No significant difference was reported between the different age groups (Figure 1). The percentage of women who have never smoked (40%) is significantly higher than the percentage of men who have never smoked (27%). The smoking rate for the two sexes does not vary significantly between people living in rural and urban Nova Scotia.

Smoking is more common among young people (Figure 2). When smoking rates are compared across age groups, the rate jumps significantly from age 12 to 18 (27%). The smoking rate for the two sexes does not vary significantly between people living in rural and urban Nova Scotia.

Second-hand smoke exposure during pregnancy can lead to, among other things, low-weight babies, and pre-mature births. Twenty-two percent of Nova Scotian women (not only non-smokers) who have given birth in the past five years were regularly exposed to second-hand smoke either during their pregnancy or during the first 6 months after giving birth. This rate of workplace smoking restriction is 9% higher compared to the rate reported by CCHS cycle 1.1 (52%). Twenty-seven percent of Nova Scotians said that smoking is completely unrestricted at their workplace was completely unrestricted. Second-hand smoke exposure during pregnancy can lead to, among other things, low-weight babies, and pre-mature births. Twenty-two percent of Nova Scotian women (not only non-smokers) who have given birth in the past five years were regularly exposed to second-hand smoke either during their pregnancy or during the first 6 months after giving birth. This rate of workplace smoking restriction is 9% higher compared to the rate reported by CCHS cycle 1.1 (52%). Twenty-seven percent of Nova Scotians said that smoking is completely unrestricted at their workplace.

Another place where people can be frequently exposed to second-hand smoke is at work. Twenty percent of respondents stated that smoking was banned at their workplace (the most recent CCHS 2.1 report). This rate of workplace smoking restriction is 5% higher compared to the rate reported by CCHS cycle 1.1 (49%). Twenty percent of Nova Scotians said that smoking is completely unrestricted at their workplace, 12% said that smoking was only allowed in certain rooms, and 3% said smoking is restricted in the presence of young children.

In the CCHS 2.1, second-hand smoke is measured by respondents’ self-reported experience of second-hand smoke exposure either in the past month (daily smokers) or in the past 6 months (occasional smokers). Twenty-nine percent of non-smoking Nova Scotians reported that they were exposed to second-hand smoke every day or almost every day in public places (bars, lounges, music halls, bowling alleys), and fourteen percent reported being exposed to second-hand smoke every day or almost every day in a private vehicle. In public places, 13% of non-smoking males are exposed to second-hand smoke every day or almost every day. This rate is significantly higher than females. The rate of second-hand smoke exposure is significantly higher for males than for females (5% and 2% respectively). In public places, there is a significantly higher percentage of second-hand smoke exposure among people under 35 years of age than among those aged 35 years and over (14% and 4% respectively). This suggests that the bulk of public second-hand exposure takes place in locations frequented by these younger age groups—bars for example. In private vehicles, second-hand smoke exposure is also significantly higher among people under 35 years of age than among those aged 35 years and over (14% and 7% respectively).

Among those who reported being occasional smokers, the majority (50%) reported smoking less than 5 cigarettes a day and 27 percent reported smoking 15 cigarettes or more a day. The CCHS 2.1 report, the percentage of daily smokers who reported smoking 15 cigarettes a day has increased while those who smoke 15 or more cigarettes a day decreased, and the percentage of those who reported smoking 15 cigarettes a day has decreased by 14% in 2011 compared to the same (see Table 3). This indicates that not only the percentage of daily smokers has decreased, but the amount of cigarettes they smoke per day has also decreased.

Who is Smoking?

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Who is Smoking?
Twenty-seven percent of Nova Scotians aged 15 and over report that they smoke. There is a 9% decrease compared to the smoking rate estimated in CCHS 1.1 (2001). Among those who report themselves as smokers, 19% report smoking daily (compared to 23% in CCHS 1.1), and 4% report smoking occasionally (compared to 5% in CCHS 1.1). The self-reported smoking rate for Nova Scotia is equal to the self-reported smoking rate for Canada as a whole. Both the provincial smoking rate and the Canadian smoking rate are estimated from the CCHS are slightly higher than those published by Health Canada from the Canadian Tobacco Use Monitoring System (CTUMS) data. According to CTUMS 2005, the smoking rate for Nova Scotia aged 15 and over is 21% and for Canada it is 20%. A higher proportion of males (24%) compared to females (19%) are current smokers. No significant difference was reported between males and females. The proportion of women who have never smoked (60%) is significantly lower than the percentage of men who have never smoked (92%). The smoking rate for the two sexes do not vary significantly between people living in rural and urban Nova Scotia. Smoking is more common among young people (Figure 2). When smoking rates for various age groups are examined, the rate jumps significantly from 7 years and under (4%) and 8-12 (13%) to the age group 13-14 (24%), suggesting that the majority of smokers take up smoking while in the latter group. The percentage of smokers for ages 24 to 64 varies between 27 percent and 10 percent, with no significant difference reported between the age groups. However, the rate drops significantly to 9 percent for the “55+” age group. Compared to the extensive reported in the CCHS 1.1 report, the smoking rates of all age groups have declined, with the “25-29” age group having the largest declining rate (4%) and the “55-64” age group having the smallest declining rate (1%).

The trend in smoking rates across age groups is observed in both men and women. These figures are also consistent with those reported by the CTUMS, which show that smoking prevalence increases with age until age 24, and then declines. This would suggest that people tend to quit smoking as

Education is also related to smoking (Figure 3). Overall in Nova Scotia, there is a higher percentage of smokers among those with lower levels of education. Smoking is most common among secondary school graduates, and is least common among post secondary graduates. The smoking rates for these two groups are also significantly different from each other.

As they enter middle age. A lower incidence of smoking among the elderly may also be due to the reduction in life expectancy caused by smoking. A strong relationship between smoking and smoking by income level is observed (Figure 2). Smoking is significantly higher among lower income groups. The percentage of smokers decreases from 45 percent to only 3 percent when the income quintile moves from the lowest (65%) to the highest (8%). Significant differences are observed between the lowest income group and the three highest groups (middle, upper middle, and highest).

Among those reported being occasional smokers, the majority (59%) reported smoking less than five cigarettes a day and 27 percent reported between 5 and 14 cigarettes a day, when they smoke (Figure 4).

How many are smoking?
If people who consider themselves as daily smokers, 43 percent of them reported smoking daily, 15 percent reported smoking between 15 and 24 cigarettes a day, while 29 percent reported smoking 25 or even more cigarettes a day.

FIGURE 2 Percent of Smokers by Income Level

Income quintile

Conceptual Framework for Second-hand Smoke Exposure

Second-hand smoke exposure during pregnancy can lead to, among other things, low-weight babies, and pre-mature births. Twenty-two percent of Nova Scotian women (not only non-smokers) who have given birth to the past five years were regularly exposed to second-hand smoke either daily or almost every day in private vehicles. In public places, 19 percent of non-smoking mothers are exposed to second-hand smoke every day or almost every day in public places (such as bars, restaurants, malls, schools, beaches, hospitals, and gyms). Forty-four percent of females reported being exposed to second-hand smoke every day or almost every day in a private vehicle.

Another place where people can be frequently exposed to second-hand smoke is in the workplace. Twenty-seven percent of Nova Scotians said that there were some restrictions on smoking in their workplace, 12 percent said that smoking in their workplace was completely unrestricted.

Smoking and Pregnancy

Smoking during pregnancy can lead to health problems for the infant. Twenty-two percent of Nova Scotian women who have given birth in the past five years reported smoking during their last pregnancy, while 13% of them reported being daily smokers. Twelve percent of women who have breastfed or tried to breastfeed their last child reported being either daily smokers or occasional smokers while they were breastfeeding.
Who is Smoking?

Twenty-three percent of Nova Scotians aged 12 and over report that they smoke. There is a 9% decrease compared to the smoking rate estimated from cycle 1.1 (29%). Among those who report themselves as smokers, 39% report smoking daily (compared to 41% in CCHS 1.1), and 4% report smoking occasionally (compared to 5% in CCHS 1.1). The self-reported smoking rate for Nova Scotia is equal to the self-reported smoking rate for Canada as a whole. Both the provincial smoking rate and the Canadian smoking rate exceeded from the CCHS are slightly higher than those published by Health Canada from the Canadian Tobacco Use Monitoring System (CTUMS) data. According to CTUMS 2005, the smoking rate for Nova Scotia aged 15 and over is 22% and for Canadians it is 23%. A higher proportion of males (29%) compared to females (24%) are current smokers. No significant difference was reported between males and females. The percentage of women who have never smoked (46%) is significantly higher than the percentage of men who have never smoked (29%). The smoking rate for the two sexes does vary significantly between people living in rural and urban Nova Scotia. Smoking is more common among young people (Figure 1). When examining smoking prevalence across age groups, the risk drops significantly from 7.8% (age group 10-11) to 3.1% (age group 19-24), suggesting that the majority of smokers take up smoking while in the latter group. The percentage of smokers for ages 25 to 64 varies between 27 percent and 10 percent, with no significant difference reported between the age groups. However, the risk drops significantly to 9 percent for the “55+” age group. Compared to the extensive reported in the CCHS 1.1 report, the smoking rate of all age groups have declined, with the 25-34 age group having the lowest decline rate (7%) and the “55+” age group having the highest decline rate (19%) (see Table 1). The trend in smoking rates across age groups is observed in both men and women. These figures are also consistent with those reported by the CTUMS, which show that smoking prevalence increases with age until age 24, and then declines. This would suggest that people tend to quit smoking as they age.

How many are smoking?

If those who consider themselves as occasional smokers, daily smokers, 43% reported smoking less than 15 cigarettes per day, while 29 percent reported smoking 15 or even more cigarettes a day. The smoking rate of those who smoked 25 or even more cigarettes a day is 2 percent. Among Nova Scotians aged 12 and over, 36% (29%) reported smoking 15 cigarettes a day and 4% (7%) reported smoking 25 or more cigarettes a day. Compared to the CCHS 1.1 report, the percentage of men who report smoking 15 cigarettes a day has increased while those who report smoking 25 or more cigarettes a day has decreased, and the percentage of those who reported smoking at least 15 cigarettes a day is the same (See Table 2). This indicates that not only the percentage of daily smokers has decreased, but the amount of cigarettes they smoke per day has also decreased.

In Nova Scotia, there is a higher percentage of smokers among those with low levels of education. Smoking is most common among secondary school graduates, and is least common among post-secondary graduates. The smoking rates for these two groups are also significantly different from each other.

Second-hand smoke exposure during pregnancy can lead to, among other things, low-birth weights, and pre-mature births. Twenty-two percent of Nova Scotian women (not only non-smokers) who have given birth in the past five years reported being regularly exposed to second-hand smoke either during pregnancy or during the five months after giving birth. This rate is 4 percent lower compared to that reported by CCHS 1.1 (26%). Twenty-seven percent of Nova Scotian women who have given birth in the past five years reported being exposed to second-hand smoke during their last pregnancy. Twelve percent of women who have breastfed or tried to breastfeed their last baby (such as bars, restaurants, shopping malls, arenas, or almost every day in a private vehicle. Sixty-one percent of those who smoke at work said that there were some restrictions on smoking. This rate of work-place smoking restriction is 9% higher than the work-place smoking restriction reported by CCHS 1.1 (51%). Twenty-seven week of Nova Scotians said that they are smoking in their workplace. 12 percent said that smoking at their workplace was completely unrestricted.

Smoking and Pregnancy

Second-hand smoke exposure during pregnancy can lead to, among other things, low-birth weights, and pre-mature births. Twenty-two percent of Nova Scotian women (not only non-smokers) who have given birth in the past five years reported being regularly exposed to second-hand smoke either during pregnancy or during the five months after giving birth. This rate is 4 percent lower compared to that reported by CCHS 1.1 (26%). Twenty-seven percent of Nova Scotian women who have given birth in the past five years reported being exposed to second-hand smoke during their last pregnancy. Twelve percent of women who have breastfed or tried to breastfeed their last baby (such as bars, restaurants, shopping malls, arenas, and pre-mature births. Twenty-two percent of Nova Scotian women who have given birth in the past five years reported being exposed to second-hand smoke during their last pregnancy. Twelve percent of women who have breastfed or tried to breastfeed their last baby (such as bars, restaurants, shopping malls, arenas, etc.) among women under 35 years of age than among those aged 35 years and over (14% and 9% respectively). This suggests that the bulk of public second-hand exposure takes place in locations frequented by those in younger age groups—bars for example. In private vehicles, second-hand smoke exposure is also significantly higher among people under 35 years of age than among those aged 35 years and over (14% and 7% respectively).

Among those who reported being occasional smokers, the majority (50%) reported smoking less than 15 cigarettes a day, and 27 percent reported smoking between 15 and 24 cigarettes a day, when they smoke (Figure 4). Smoking during pregnancy can lead to health problems for the infant. Twenty-two percent of Nova Scotian women who have given birth in the past five years reported smoking during their last pregnancy, 13% of them reported being daily smokers (9% and 7% respectively). In public places, 12 percent of those who smoke at work said that there were some restrictions against smoking?
Smoking and Alcohol Consumption

Smokers are more likely to drink alcohol than non-smokers. Eighty-three percent of Nova Scotians who report themselves as current smokers also report being regular or occasional alcohol drinkers. A significantly lower percentage (23%) of non-smokers report being regular or occasional drinkers.

Smoking and Health

Smoking increases the risks of a range of health problems such as cardiovascular disease, cancer and high blood pressure. In Nova Scotia, there is a significantly lower smoking rate among those who self-report “excellent” or “very good” health status compared to those who report “poor”, “fair”, or “good” health (Figure 5).

Smoking across DHAs

Smoking rate varies across DHAs. DHA 7 has the lowest percentage of smoking by DHA 9 (55%), whereas DHA 5 has the highest (77%). The percentage of daily smokers in DHA 9 and DHA 7 are significantly lower than DHA 5, 6, and 8 in terms of occasional smokers; no significant difference was reported among the DHAs (Figure 3). The percentage of regular second-hand smoke exposure in public places/transport vehicles in measured as 14.6% by DHA 3 and 13% by DHA 7. Evidence showed that the highest percentage of second-hand smoke exposure among non-smoking population varies across DHAs. DHA 9 ranks the highest (19%), followed by DHA 7 (18%). The estimates of DHA 5 and DHA 6 are both significantly higher than DHA 9 (11%), which is the lowest among all DHAs. The percentages of second-hand smoke exposure in public places to DHA 5 and DHA 9 are both significantly lower than that of Nova Scotia as a whole (25%). In private vehicles, DHA 7 reported the highest percentage of second-hand smoke exposure (22%) among all DHAs and DHA 5 reported the lowest significantly higher than those of DHA 3, 8, and Nova Scotia as a whole (14%). DHA 7 reported the lowest percentage of second-hand smoke exposure (14%) among all DHAs, and the estimate is significantly lower than those of DHA 4, 8, 7, and Nova Scotia as a whole (Figure 4).

Self-perceived mental health status

The literature indicates an increased percentage of smoking among those who also report poor mental health. This relationship is also significantly lower smoking rate among those who self-report “poor”, “fair”, or “good” mental health (Figure 4).

Self-perceived health status

Self-perceived health status is significantly higher than those of DHA 3, 8, and Nova Scotia as a whole (Figure 5). This relationship is also significantly lower smoking rate among those who self-report “poor”, “fair”, or “good” mental health (Figure 4).

Self-perceived mental health status

This report, the first in a series from the CCHS 2.1, examines trends in smoking behaviors, and evaluates health promotion campaigns. This cycle is to provide timely estimates of health, and their use of health care services. Data from the subsequent installment of the CCHS (Cycle 2.2) will be collected between January and December 2005 and will be released in June 2006. More than 127,000 Canadians aged 12 years and older were interviewed. The primary objective of this cycle is to provide timely estimates of health determinants, health status and health system information at a sub-provincial level. The purpose is to provide 133 health regions across Canada with information about Canadians’ physical and mental well-being, factors that affect their health, and their use of health care services.

To the Canadian Community Health Survey

Topics include self-perceived health status of immigrants, and mental health status of immigrants.

References


Appendix C

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation

BOOTSTRAPPING techniques were used to produce the point estimate, the coefficient of variation (%CV) and the 95% confidence intervals (%CI). The CVs and %CIs were used to decide if a point estimate could be reported. Data with a coefficient of variation (%CV) from 16.6% to 33.3% should be interpreted with caution. Data with a coefficient of variation (%CV) greater than 33.3% were suppressed due to extreme sampling variability.

Highlights

- 23 percent of Nova Scotians aged 12 and over smoke.
- More men report smoking than women.
- Smoking is most prevalent among Nova Scotalians aged 18 to 29 years old.
- Smoking is more common among people in lower income groups and people who have less education.
- 16 percent of non-smokers report being regularly exposed to second-hand smoke.
- 67 percent of Nova Scotalians aged 12 years and older were interviewed. The primary objective of the study was to provide timely estimates of health determinants, health status and health system information at a sub-provincial level. This will assist health regions in planning, implementing and evaluating health promotion campaigns.

This report, the first in a series from the CCHS 2.1, examines Nova Scotalians’ smoking behaviors and associated factors.
Smoking and Alcohol Consumption

Smokers are more likely to drink alcohol than non-smokers. Eighty-three percent of Nova Scotians who report themselves as smokers also report being regular or occasional alcohol drinkers. A significantly lower percentage (4%) of non-smokers report being regular or occasional drinkers.

Smoking and Health

Smoking increases the risks of a range of health problems such as cardiovascular disease, cancer and high blood pressure. In Nova Scotia, there is a significantly lower smoking rate among those who self-report “excellent” or “very good” health status compared to those who report “poor”, “fair”, or “good” health (Figure 5). Smoking rate varies across DHAs. DHA 7 has the lowest percentage of smokers, followed by DHA 8 (9%), whereas DHA 5 has the highest (15%). The percentage of regular smokers among those who report smoking is significantly lower in DHA 8 and DHA 9 are significantly lower than DHA 6, 8, and 9. In terms of occasional smokers, no significant difference was reported among the DHAs (Figure 7).

The literature indicates an increased percentage of smoking among those who also report poor mental health. This relates to findings demonstrated by the CCHS. There are significantly less self-reported smokers among those who report poor mental health compared to those who report “poor”, “fair”, or “good” mental health (Figure 4).

Smoking rate across DHAs

Smoking rate varies across DHAs. DHA 7 has the lowest percentage of smokers, followed by DHA 8 (9%), whereas DHA 5 has the highest (15%). The percentage of regular smokers among those who report smoking is significantly lower in DHA 8 and DHA 9 are significantly lower than DHA 6, 8, and 9. In terms of occasional smokers, no significant difference was reported among the DHAs (Figure 7).

The percentage of regular second-hand smoke exposure in public places/transport vehicles is measured as approximately 80% of current smokers. In private vehicles, the percentage of second-hand smoke exposure among non-smoking population varies across DHAs. DHA 5 ranks the highest (19%), followed by DHA 8 (18%). The estimates of DHA 3 and DHA 6 are both significantly higher than DHA 5, 13%, which is the lowest among all DHAs. The percentages of second-hand smoke exposure in public places to DHA 9 and DHA 14% are both significantly lower than that of Nova Scotia as a whole (14%). In private vehicles, DHA 1 reported the highest percentage of second-hand smoke exposure (22%) among all DHAs and DHA 4 reported the significantly higher than those of DHA 3, DHA 5, and Nova Scotia as a whole (14%). DHA 1 reported the lowest percentage of second-hand smoke exposure (14%) among all DHAs and the estimate is significantly lower than those of DHA 7, 8, and Nova Scotia as a whole (14%). DHA 7 reported the lowest percentage of second-hand smoke exposure (14%) among all DHAs and the estimate is significantly lower than those of DHA 8, 9, and Nova Scotia as a whole (14%).

**Self-perceived health status

- Significantly different from the “poor”, “fair”, or “good” health status
- Significantly lower than DHA 5, DHA 6, and DHA 8

**Smoking status

- Significantly higher than DHA 3, DHA 9, and Nova Scotia
- Significantly lower than DHA 7, DHA 8, and Nova Scotia

### Additional Resources

This document was prepared by the Information Analysis and Reporting, Information Management Division of the Canadian Community Health Survey (CCHS) for copies of this and other reports in the series. A series of Canadian Statistics publications based on CCHS data are available at www.statcan.gc.ca/english/freepub/82-003-SIE/free.htm

Click on “Canadian Community Health Survey (CCHS)” for copies of this and other reports in the series. The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide regular health region across the country with regular and timely cross-sectional information about Canadians’ physical and mental well-being, factors that affect their health, and their use of healthcare services.

Data from the second installment of the CCHS (Cycle 2.1) were collected between January and December 2003 and were released in June 2004. More than 127,000 Canadians aged 12 years and older were interviewed. The primary objective of the second installment was to provide estimates of health determinants, health status and health system utilization at a sub-provincial level. This will assist health regions in planning, implementing and evaluating health promotion campaigns.

This report, the first in a series from the CCHS 2.1, examines Nova Scotia’s smoking behavior and associated factors.

### Highlights

- 23 percent of Nova Scotians aged 12 and over smoke.
- 7 percent report smoking women.
- Smoking is more prevalent among Nova Scotians aged 40 to 64 years old.
- Smoking is more common among people in lower income groups and people who have less education.
- 16 percent of non-smokers report being regularly exposed to second-hand smoke.
- 47 percent of Nova Scotians report smoking restrictions inside the home. 41 percent report that smoking is banned at the workplace.
- 32 percent of pregnant women report being regularly exposed to second-hand smoke.
- Smokers are more likely to drink alcohol than non-smokers.
- Smoking is prevalent among those who report poorer health status.
- DHAs are the highest rates of second-hand smoke exposure in both public places and private vehicles.

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide regular health region across the country with regular and timely cross-sectional information about Canadians’ physical and mental well-being, factors that affect their health, and their use of healthcare services.

Data from the second installment of the CCHS (Cycle 2.1) were collected between January and December 2003 and were released in June 2004. More than 127,000 Canadians aged 12 years and older were interviewed. The primary objective of the second installment was to provide estimates of health determinants, health status and health system utilization at a sub-provincial level. This will assist health regions in planning, implementing and evaluating health promotion campaigns.

This report, the first in a series from the CCHS 2.1, examines Nova Scotia’s smoking behavior and associated factors.

### Appendices

#### Appendix I

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation

### References

- Statistics Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation

#### Bookkeeping techniques were used to produce the point estimate, the coefficient of variation (%), and 95% confidence intervals (CI). The CVs and CIs were used to decide if a point estimate could be reported. Data with a coefficient of variation (%), from 16.6% to 33.3% should be interpreted with caution. Data with a coefficient of variation (%), between 33.3% and 66.6% should be interpreted with caution.

#### Data with a coefficient of variation (%), between 33.3% and 66.6% should be interpreted with caution.

#### Data with a coefficient of variation (%), between 66.6% and 100% should be interpreted with caution.