



2012

burden of tobacco

Key Findings about the Use and
Consequences of Tobacco in Peel

BURDEN OF TOBACCO: THE USE AND CONSEQUENCES OF TOBACCO IN PEEL REPORT OVERVIEW

This report is intended to highlight the key findings reported by Peel Public Health in *Burden of Tobacco: The Use and Consequences of Tobacco in Peel, 2012*. Readers interested in a more detailed examination of the issues and data methods can access the full report in electronic format at: peelregion.ca/health/reports.

The tobacco plant has been used for centuries, and efforts to both promote and curtail the use of tobacco date back at least 400 years. Since the early 1900s, various forms of federal and provincial legislation have resulted in requirements such as restrictions in the purchase of tobacco and advertising, and reduced exposure to second-hand smoke. While use in Peel is declining, tobacco still has a major impact on the health of our residents.

The Region of Peel, located directly west of Toronto and York Region, includes the cities of Mississauga and Brampton, and the town of Caledon. Furthermore, 1.3 million people live in Peel making it one of the largest municipalities in Canada and second largest in Ontario. Peel has experienced rapid population growth with the population increasing by 12% between 2006 and 2011.^A By 2031, Peel's population is expected to exceed 1.6 million people.^B

SUMMARY OF KEY FINDINGS

Peel has a declining smoking rate, but still many smokers

The smoking rate in Peel has declined over time, but tobacco use is still a problem. Approximately 167,700 Peel residents smoke, for a current smoking rate of 15%.

Males have the highest rates of smoking in Peel

Men in every age group have higher smoking rates than women. For men aged 20 to 39, the rates are at least double that of women. Nearly one in three men aged 20 to 29 years and one in four men aged 30 to 39 years smoke (Figure 1).

The use of tobacco continues to place a tremendous illness burden on individuals and society as a result of tobacco-related diseases

Tobacco causes more disease than cancer. It causes disease in almost every body system. Diseases that are attributable to smoking are responsible for 15% of all premature deaths in Peel, and almost 5% of all illness-related hospitalizations.

As a result of smoking, in Peel every year there are:

- Over 3,300 hospitalizations for diseases attributable to smoking
- Almost 700 deaths attributable to smoking (half of which are related to cancer)
- Almost 5,000 years of life lost as a result of premature death.

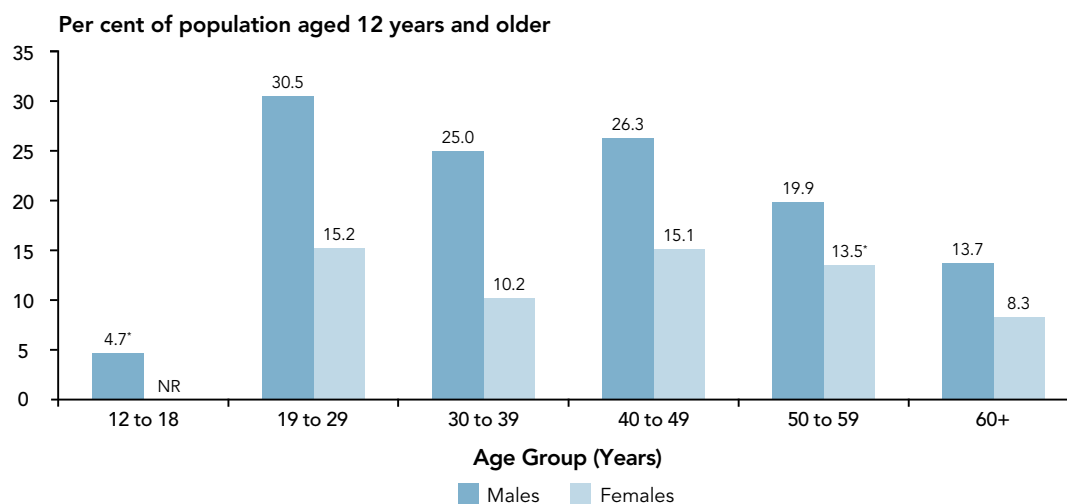
While data is limited on the health effects from exposure to environmental tobacco smoke it is estimated that:

- 156 people are hospitalized annually for lung cancer or ischemic heart disease as a result of exposure to second-hand smoke
- Close to 40 people die annually from lung cancer or ischemic heart disease as a result of inhaling someone else's smoke.

The cost of hospital treatment of smoking-attributable diseases in Peel exceeds \$49 million annually

Current or former smokers in Canada use more hospitalization resources than non-smokers.¹ In Peel, the hospitalization rate among current smokers aged 50 to 69 is almost double the rate of non-smokers.^C As a conservative estimate, annual hospitalization costs for treating smoking-attributable disease in Peel exceed

Figure 1
Prevalence of Current Smoking by Age Group and Sex,
Peel, 2005, 2007/2008, 2009/2010 Combined



* Use estimate with caution

NR = Not releasable due to small numbers

† Non-smoking defined as a person does not smoke currently and who has not smoked more than 100 cigarettes in their lifetime.

Source: Canadian Community Health Survey 2005, 2007/2008, 2009/2010, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

\$49 million. Treatment of smoking-attributable cardiovascular diseases make up over half of this estimate. Extrapolating from Canadian data², this estimate would be closer to \$100 million.

If all Peel residents quit smoking, the gain in life expectancy would be 2.3 years³

Furthermore, a five percentage point reduction in smoking prevalence and in exposure to environmental tobacco smoke would enhance the health of Peel's population. In Peel, it would result in:

- 351 fewer hospitalizations for smoking-attributable diseases for a cost savings of at least \$6 million dollars, and
- Approximately 70 fewer deaths from smoking-attributable disease, 60 due to active smoking and 10 due to exposure to ETS.

One out of 10 Peel non-smokers continue to be exposed to second hand smoke

In Peel, 5% of children are exposed to second hand smoke in utero. Approximately 10% of

Peel mothers who smoked delivered a baby that was low birth weight compared to mothers who did not smoke during pregnancy (6%).^D

The most significant risk factor for smoking is living with someone who smokes in the home. In this case, the odds of being a smoker are four times higher for males and six times higher for females. Eight per cent of Peel residents live with a smoker (Figure 2).

The Smoke-Free Ontario Act was amended on January 21, 2009 to prohibit smoking in motor vehicles carrying children less than 16 years of age. However, young people in Peel continue to be exposed to ETS in cars, with 9% of 12 to 15 year olds and 14% of 16 to 19 years olds reporting exposure. Overall, 7% of Peel non-smokers report being exposed to second hand smoke in a private vehicle (Figure 3).

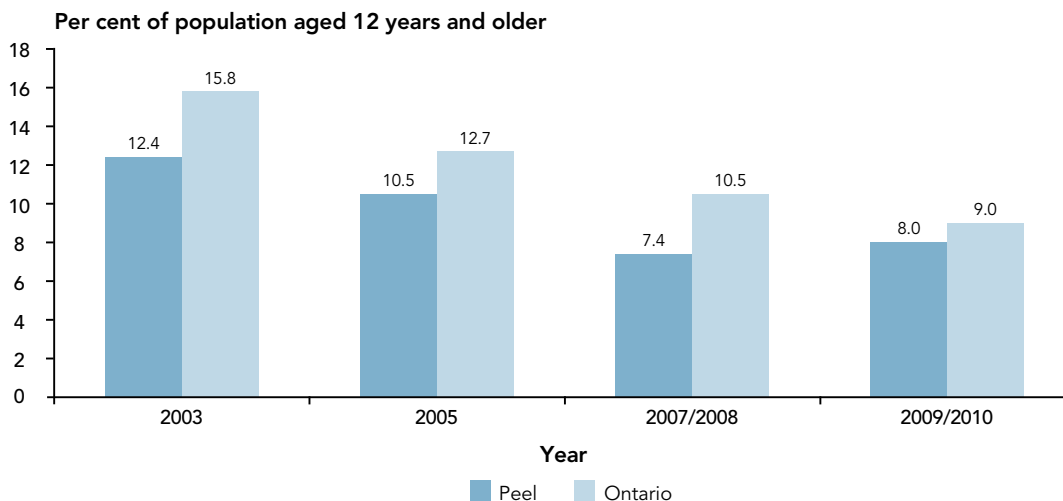
Similarly, 11% of non-smoking Peel residents report being exposed to second hand smoke in a public place where it is prohibited by law. Youth and young adults under 30 years report the highest prevalence (Figure 4).

Peel smokers are motivated to quit

More than half of Peel’s smokers (88,000 people) have attempted to stop smoking for at least 24 hours in the past year. In addition, over the

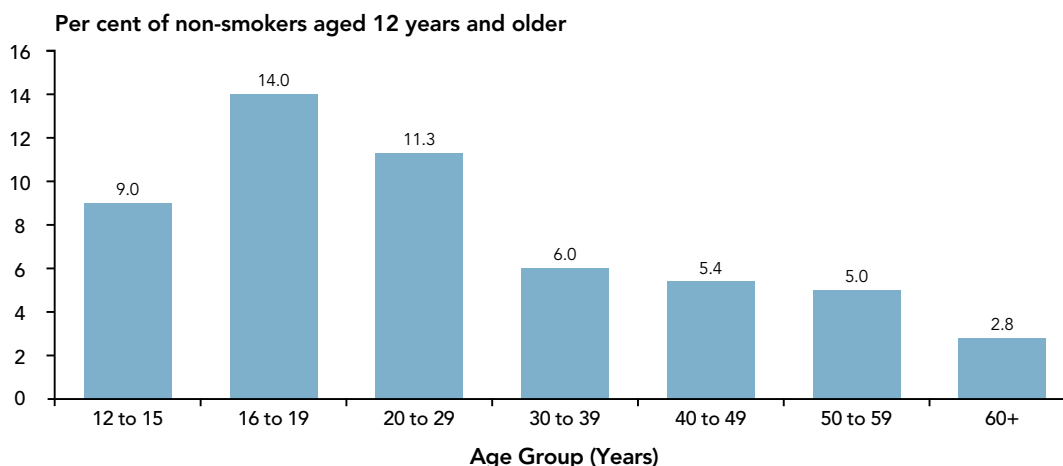
course of a year, these smokers make at least four attempts on average (Figure 5). It is never too late to quit smoking. The health benefits of cessation can be seen in as little as 12 hours.

Figure 2
Proportion of Population Living in a Home with Someone who Smokes Inside† by Year, Peel and Ontario, 2003, 2005, 2007/2008, 2009/2010



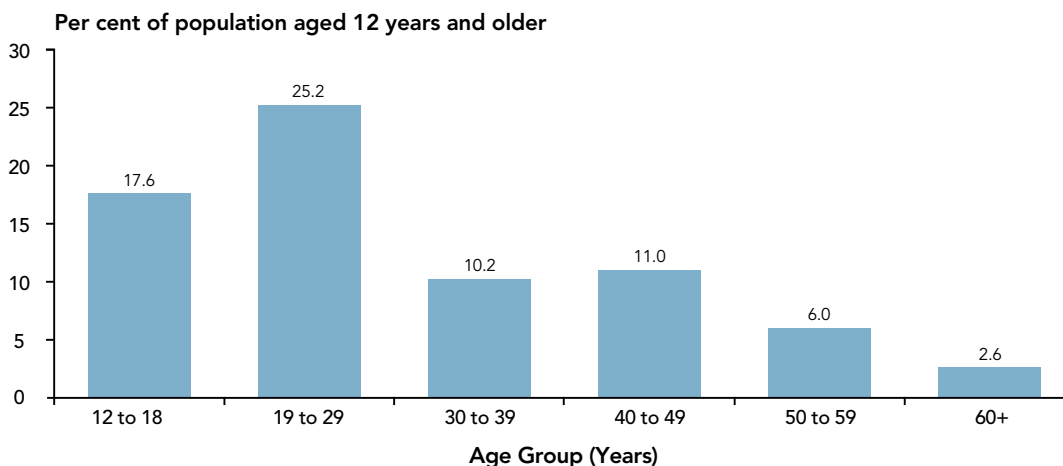
Notes: Includes smokers living alone
 † Smokes inside every day or almost every day
 Source: Canadian Community Health Survey 2003, 2005, 2007/2008, 2009/2010, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Figure 3
Prevalence of Exposure to Tobacco Smoke in a Private Vehicle† by Age Group, Ontario, 2009/2010



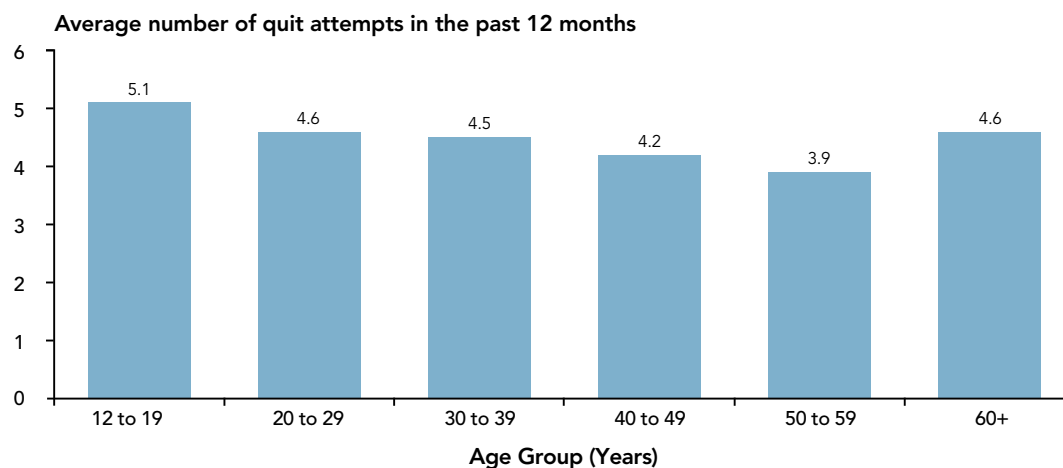
† Excluded from analyses is anyone who is a current smoker (daily or occasional)
 Source: Canadian Community Health Survey 2009/2010, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Figure 4
Prevalence of Exposure to Tobacco Smoke in a Public Space† by Age Group, Peel, 2009/2010



Note: Excluded from analyses is anyone who is a current smoker (daily or occasional)
 † Public places such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys
 Source: Canadian Community Health Survey 2009/2010, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Figure 5
Average Number of Quit Attempts for a 24-Hour Period by Age Group, Peel, 2007/2008



Source: Canadian Community Health Survey 2007/2008, Statistics Canada, Share File, Ontario Ministry of Health and Long-Term Care

Counselling and smoking cessation drugs are effective in helping people to quit

Family physicians and other health professionals who are trained at providing smoking cessation counselling are effective in helping smokers quit.

Ongoing counselling, supplemented by smoking cessation drugs, supports quit attempts. Three classes of drugs can be used. Between 60% and 85% of former smokers in Ontario successfully used a smoking cessation drug.

Ontarians are becoming less tolerant towards tobacco use

One of the most important ways to help smokers to quit is to provide smoke-free spaces for them throughout the community.

Ontario residents support restrictions on smoking in public spaces. For example:

- 84% agree that smoking should not be allowed in multi-unit dwellings with shared ventilation,
- 80% agree that smoking should not be allowed on restaurant or bar patios, and
- 59% agree that smoking should be banned in public parks and beaches, and 50% on public sidewalks.

In Ontario, the production and sales of tobacco is declining

The production of tobacco in Canada and Ontario has declined since the 1970s. Most of Ontario

tobacco continues to be grown in a highly concentrated area of south-western Ontario.

Ontario residents have become less tolerant over the past ten years towards the sale of tobacco products, the tobacco industry's role in smoking related health care costs, and attitudes towards second-hand smoke.

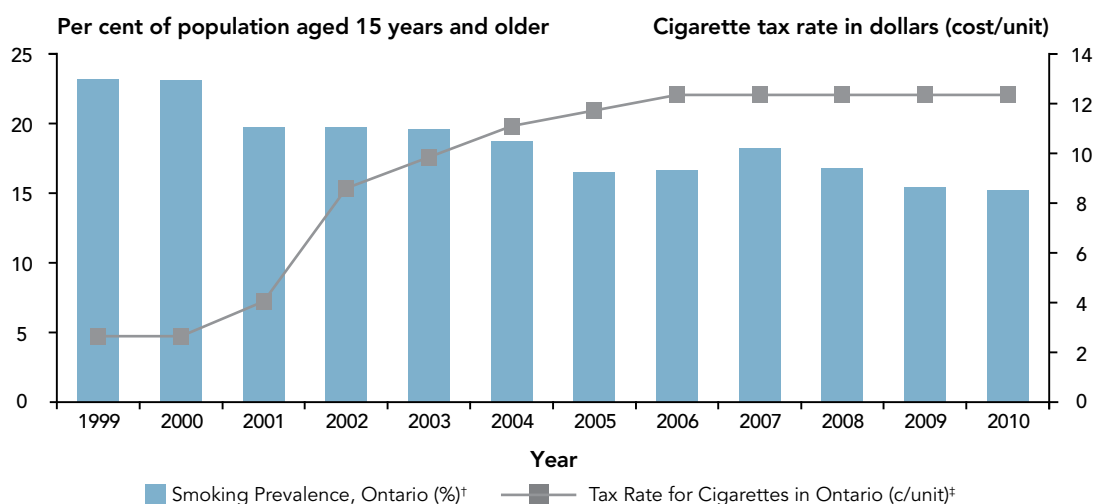
In Ontario, approximately 11 billion cigarettes were sold in 2010, down from 22 billion in 1980.

Ontario has approximately 14,000 tobacco vendors, 760 of which are located in Peel. While there are some areas in Peel with a higher density of tobacco vendors per population, there does not appear to be a relationship between vendor density and smoking prevalence.

Taxes are an important policy tool for lowering smoking prevalence. As the tax rate in Ontario has increased, the prevalence of smoking has declined (Figure 6).

Figure 6

Smoking Prevalence and Tax Rate for Cigarettes by Year, Ontario, 1999-2010



Sources:

† Reid JL, Hammond D, Burkhalter R, Ahmed R. Tobacco use in Canada: Patterns and trends, 2012 edition. Waterloo, Ontario: Propel Centre for Population Health Impact, University of Waterloo; 2012.

‡ Tobacco tax: Current tobacco tax rates [Internet].: Government of Ontario: Ministry of Finance; 2011 [updated October 21, 2011; cited November 25, 2011]. Available from: <http://www.rev.gov.on.ca/en/tax/tt/rates.html>.

The growth, distribution, sale, taxation and use of tobacco is regulated through federal, provincial and municipal laws and regulations

Federal Legislation:

- The Tobacco Act regulates the manufacturing, sale, labelling and promotion of tobacco.
- The Non-Smokers' Health Act regulates smoking in workplaces under Federal jurisdiction.

Provincial Legislation:

- The Smoke-Free Ontario Act regulates the sales and use of tobacco.
- The Reducing Contraband Tobacco Act outlines fines and other mechanisms to control production and sales of contraband.

Challenges for Peel

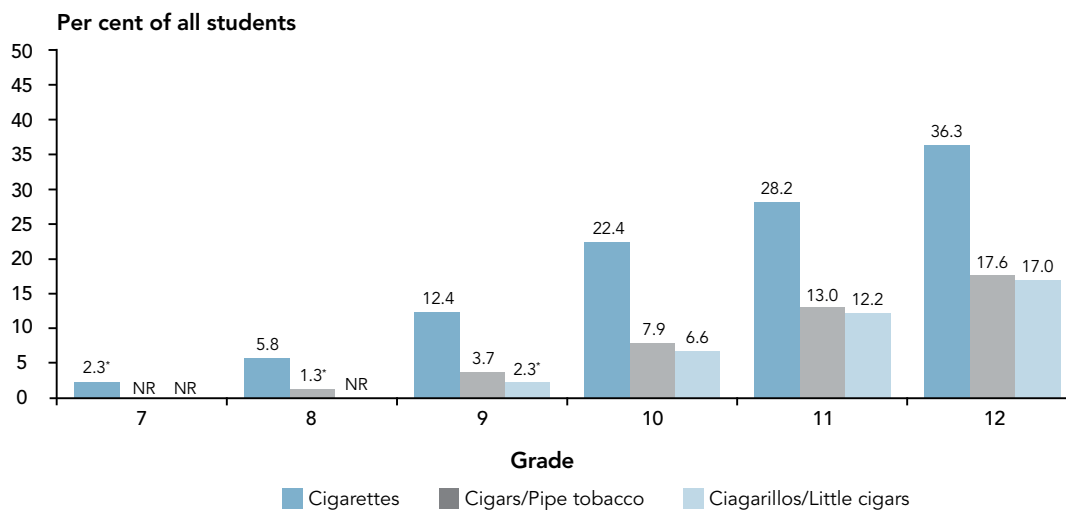
The variety of tobacco products available in Peel is diverse

Tobacco comes in a variety of forms and products. This includes cigarettes, cigars, pipe tobacco, bidis, clove cigarettes, shisha, chew, snuff, snus and gutkha. Peel residents are able to purchase most of these products. From the data available today, cigarettes are the most commonly used type of tobacco product. Youth are experimenting with these different forms of tobacco and use of these products increases with age (Figure 7).

The use of discount and contraband cigarettes is increasing

Discount cigarettes are tobacco products that are priced to be attractive to cost-conscious consumers. Discount cigarettes sell for between \$12 and \$32 less a carton than “premium” brands, and now account for approximately 50% of the legal market; up from 10% of the market in 2003.⁴

Figure 7
Use of Typical Tobacco Products[†] by Grade, Peel, 2011



* Use estimate with caution

† Used at least once

NR – Not releasable due to small numbers

Source: Student Health Survey 2011, Peel Public Health

Contraband tobacco is tobacco that is sold illegally, without taxation or regulation, or in a way that evades the practices and principles outlined in provincial and federal legislation. The majority of contraband cigarettes in Ontario come from tax-exempt tobacco that is manufactured and sold on First Nation's Reserves. The second source of contraband comes to Ontario by means of smuggling and arrives in unmarked or counterfeit packages.⁵

The consumption of contraband tobacco has increased substantially between 2006 and 2008 in Ontario. While data about the use of contraband cigarettes among adults is not available, almost one-quarter of Peel youth who are current smokers use cigarettes from native reserves or that are unbranded cigarettes.^F

The rate of tax on cigarettes does not result in a direct impact on contraband sales as can be seen in Figure 8. While the rate of cigarette tax has remained constant between 2006 and 2008, the contraband market has grown almost three fold.

CONCLUSIONS

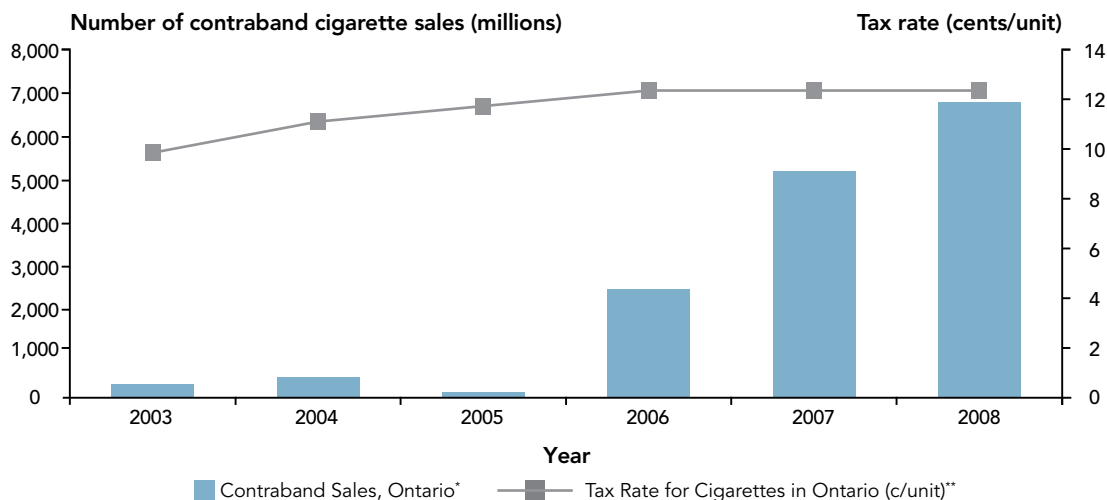
Tobacco use continues to place a great burden on individuals and society as a result of tobacco-related diseases. In Peel, the cost of treating smoking-attributable diseases in the hospital exceeds \$49 million annually.

While the rate of smoking in Peel has declined by 10 percentage points over the past 10 years, the current smoking rate of 15% is the equivalent of about 167,700 smokers. The high rates of smoking among Peel's young adult population, particularly males (30%), demonstrates the ongoing need for youth prevention programs.

There are opportunities for Peel Public Health to reduce potential exposure to tobacco smoke through the enhancement of municipal by-laws, and working with primary care providers to support the more than half of Peel smokers who are actively trying to quit.

Peel Public Health will continue to monitor tobacco-related statistics and trends, and work with community partners to reduce exposure to tobacco smoke, prevent initiation of smoking, and help those trying to quit.

Figure 8
Contraband Cigarette Sales and Tax Rate by Year,
Ontario, 2003-2008



Sources:

* Estimating the volume of contraband sales of tobacco in Canada. Physician's for a Smoke-Free Canada; April 2010. Derived from smoking prevalence data (Canadian Tobacco Use Monitoring Survey) and wholesale shipments reported to Health Canada

** Tobacco tax: Current tobacco tax rates [Internet].: Government of Ontario: Ministry of Finance; 2011 [updated October 21, 2011; cited November 25, 2011]. Available from: <http://www.rev.gov.on.ca/en/tax/tt/rates.html>.

RECOMMENDATIONS

Based on our findings and in order to improve our understanding of tobacco use in Peel and to reduce potential exposure to second-hand smoke, it is recommended that:

- Programs to prevent youth and young adults from smoking be enhanced.
- New approaches be developed to help smokers quit, focussing on key community partners such as family physicians.
- A by-law prohibiting smoking in outdoor spaces to minimize exposure to environmental tobacco smoke be developed. Restricting smoking in outdoor public spaces and enforcement of existing Smoke-Free Ontario laws are supported by the majority of Ontarians.
- We continue to advocate at the provincial and municipal level for restrictions on smoking in areas where there is potential to be exposed to second-hand smoke. This includes, but is not limited to outdoor spaces and multi-unit dwellings.
- Additional research be conducted to address the data gaps that have been highlighted with this report and gain a more comprehensive understanding of tobacco use in the Region of Peel. This includes research to understand the extent of illegal tobacco consumption in Peel and the variety of alternative tobacco products being used.

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