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For Information

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DATE: October 9, 2012

REPORT TITLE: **THE BURDEN OF TOBACCO: THE USE AND CONSEQUENCES OF TOBACCO IN PEEL**

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## OBJECTIVE

To provide an overview of the report "Burden of Tobacco: The Use and Consequences of Tobacco in Peel".

### REPORT HIGHLIGHTS

- There have been many successes in the battle against smoking. Smoking rates in Peel have dropped from 20 per cent in 2000 to 15 per cent in 2010. However, there are still 167,700 smokers in Peel.
- Smoking rates are twice as high for males as females for most age groups, with the highest rates reaching nearly one in three for men 20 to 29 years old.
- Every year, smoking causes 3,330 hospitalizations, 689 deaths and 4700 years of life lost for Peel residents.
- Every year, hospitalization costs for Peel residents admitted for smoking-related disease exceed \$49 million.
- Peel smokers are actively trying to quit. In the past year, 90,000 have tried to stop, on average with four attempts in the previous 12 months.
- Nonsmokers are still being exposed to second hand smoke; 8 per cent of Peel residents live with a smoker, 7 per cent are being exposed in a car and 14 per cent in a public place.
- Ontario residents support bans in public spaces: 84 per cent for multi-unit dwellings, 80 per cent on bar and restaurant patios, 59 per cent in public parks and beaches and 50 per cent on public sidewalks.
- In Ontario, an estimated 40 per cent of tobacco is being illegally sold as untaxed product (contraband).

## DISCUSSION

### 1. Background

In 2009, tobacco was identified as a strategic priority in the Public Health 10 Year Strategic Plan and is a Term of Council Priority. The Living Tobacco Free priority focuses on implementing new strategies for the prevention and cessation of smoking, the protection of others from the effects of second-hand smoke, and the regulation of the tobacco industry.

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The "Burden of Tobacco: The Use and Consequences of Tobacco in Peel" report was developed to inform and support both the Living Tobacco Free strategy and the Term of Council Priority and to enhance our understanding of the Peel context of tobacco usage.

Canada, Ontario and Peel have achieved many successes in their battle against smoking over the past 60 years. However, Peel's smoking rate is still 15 per cent or 167,700 smokers. Smoking remains Ontario's largest preventable cause of disease and premature death. Compared to excessive alcohol use, physical inactivity, poor diet and stress, smoking results in the largest equity gap in both life expectancy and health adjusted life expectancy. The impacts of tobacco-related disease are felt by the smoker, their family and the health care system.

### 2. Findings

#### a) Tobacco Products in Peel

- Cigarettes are the most commonly used tobacco product.
- In addition to cigarettes, cigars and pipes, there are many types of tobacco products available in Peel. These include bidis, clove cigarettes, shisha, chew, snuff, snus, gutkah and hard snuff.

#### b) Tobacco Use by Peel Residents

- While the smoking rate in Peel has declined over time from 20 per cent in 2000/2001 to 15 per cent in 2009/2010, tobacco use is still a significant cause of poor health and death in Peel.
- Most Peel residents begin experimenting with smoking at age 17. Most smokers start smoking daily by 20 years of age.
- Smoking prevalence is higher among males (20 per cent) compared to females (11 per cent).
- Male smoking rates across all age groups are higher than female smoking rates. Males aged 19 to 29 have the highest rate at 30 per cent, and more than 20 per cent of men between 30 and 59 years smoke.
- Female smoking rates are similar to the Peel average (15 per cent) for most age groups, with lower rates among those aged 12 to 18, and 30 to 39 years.
- The risk factor most strongly associated with smoking is being exposed to a smoker at home.
- Some of the other factors associated with smoking include:
  - Having an education level of secondary graduate or less;
  - Caucasian ethnicity;
  - Canadian born;
  - Common-law, separated or divorced marital status;
  - Physical inactivity.

#### c) Exposure to Environmental or Second-hand Tobacco Smoke

- Five per cent of Peel mothers smoked at some point during pregnancy, lower than the provincial average. However, mothers under the age of 20 years have the highest smoking rate at 16 per cent.
- Eight per cent of Peel residents live with someone who smokes.
- Seven per cent of non-smokers in Peel report being exposed to second hand smoke in a car and 11 per cent in a public place.

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### d) Tobacco Related Health Care Use and Costs

- Current and former smokers use more hospital resources than non-smokers.
- In Peel, tobacco can be attributed to approximately 3,300 hospitalizations, 689 deaths, and 4,700 years of life lost. Overall, approximately 15 per cent of deaths and 5 per cent of hospitalizations in Peel are attributable to smoking.
- The hospital costs of treating smoking-attributable diseases each year in Peel exceed \$49 million annually.

### e) Health Impacts of Reductions in Smoking

- The elimination of smoking in Peel would increase life expectancy by 2.3 years.
- A five percentage point reduction in smoking prevalence (from 15 per cent to 10 per cent) would reduce the annual number of hospitalizations by 11 per cent (351 hospitalizations). This translates into a cost savings of almost \$6 million per year.
- A five percentage point reduction in smoking prevalence (from 15 per cent to 10 per cent) would also result in 60 fewer deaths.

### f) Smoking Cessation

- Over half of Peel's smokers (88,000) have attempted to quit smoking for at least 24 hours in the past year, with an average of four quit attempts per year.
- 90,000 smokers tried unsuccessfully to quit in the past year. This is a motivated group and many of these smokers could be successful with a proven cessation method.
- Smokers who have quit successfully in the past year have used a variety of products. Bupropion, a drug used to help smokers quit, was used by approximately 85 per cent of those who stopped.

## 3. Implications and Priorities for Peel Public Health

Although tobacco consumption has decreased significantly over the years, there remain a number of challenges for Peel Public Health that are identified in the report. Based on the data compiled in this report, the Living Tobacco Free strategy will focus on the following priorities:

- a) Over the next 18 months, Peel Health will be undertaking a tobacco use survey to address the data gaps that have been highlighted with this report and to gain a more comprehensive understanding of the magnitude of the problem in the Region of Peel.
- b) Staff will continue to work with municipalities on the development of a by-law prohibiting smoking in outdoor places on municipal properties. Many residents, particularly youth under 20, continue to be exposed to second hand smoke in homes, vehicles, and public places. Banning smoking in outdoor public spaces and enforcement of existing Smoke-Free Ontario laws are supported by the majority of Ontarians.
- c) A work group has been established to address the high prevalence of smoking amongst those aged 12-29, particularly white males. A priority for the group will be to conduct research to inform a social marketing campaign aimed at young adults in order to decrease the prevalence of smoking in Peel.
- d) Staff will continue to work with key stakeholders such as Family Physicians to understand and reduce the barriers to quitting smoking.

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- e) Further research will be undertaken to understand the extent of illegal tobacco consumption in the Region of Peel.

**CONCLUSION**

The reduction of Peel's smoking rate is positive; however the existing 15 per cent smoking rate places a considerable burden on the overall health of Peel's population as well as on the health care system. There are a number of challenges and opportunities for Peel Public Health identified in this report, which are being used to inform the Living Tobacco Free strategic priority.

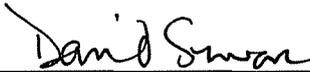


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**Approved for Submission:**



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- c. Legislative Services