

Cigarette Use in Ontario

Patterns of Inequality and Projections to 2035



Report
October 2026

Public Health Ontario

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Note on Terminology

Any reference to tobacco in this document refers to use of commercial tobacco, such as mass-produced cigarettes, that is not associated with the sacred and traditional uses of tobacco, which Indigenous peoples have been using for thousands of years. Traditional or sacred tobacco differs from commercial tobacco both in the way that it is harvested and in the way it is used in ceremony and prayer, often for healing and purification.

Although 2SLGBTQI+ is the preferred and more inclusive designation for diverse sexual and gender identities, LGB+ is used when presenting analyses based on the Canadian Community Health Survey (CCHS) to reflect the survey's specific response options; therefore, the findings do not fully capture the breadth of identities encompassed by the 2SLGBTQI+ umbrella.

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Highlights

This report describes trends in cigarette use in Ontario from 2015 to 2021, examines variation across demographic, socioeconomic, and health-related population groups, and presents projections of future prevalence to 2035. By identifying population groups where declines have been slower or prevalence is projected to remain higher, the report highlights persistent inequities in cigarette use. Findings from this report are intended to support population-level monitoring, assessment of progress toward the national tobacco-use reduction target of 5% by 2035, and public health planning in Ontario.

Key Findings

- By 2035, cigarette use prevalence in Ontario is projected to decline to 4.2% (95% CI: 3.2, 5.4) in the overall population (individuals aged 12 years and older) and 4.6% (95% CI: 3.5, 5.9) among adults (aged 18 years and older), if trends observed between 2015 and 2021 persist ([Figure 3](#)).
- Although cigarette smoking accounted for approximately 85% of overall tobacco use in Ontario in 2021 ([Figure 15](#)), uncertainty exists regarding other tobacco products (e.g., cigars, cigarillos, waterpipe, pipe, and/or smokeless tobacco), and the sustainability of recent declines in cigarette smoking.
- The national target of 5% by 2035 applies only to tobacco products and excludes non-tobacco nicotine products (e.g., vaping devices and nicotine pouches). In 2024, exclusive vaping contributed 3.5 percentage points (95% CI: 2.9 to 4.2) to overall nicotine use ([Figure 18](#)). As a result, progress toward the target, may be overestimated if assessed solely on cigarette use, particularly in the context of product diversification and persistent disparities.
- Socioeconomic and structural inequities are projected to persist. Several population groups are projected to have cigarette use prevalence above 5% by 2035, including residents of the Northeast region; individuals with less than secondary education; adults who are living common-law, divorced, or separated; individuals living with a mood disorder; and adults employed in trades, transport and equipment operation, natural resources and agriculture, and manufacturing and utilities ([Figure 3](#)).
- Between 2015 and 2021, cigarette use declined substantially in Ontario. Among the overall population (aged 12 years and older) the Average Annual Percent Change (AAPC) was -6.3% (95% CI: -8.0, -4.5), while among adults (aged 18 years and older) the AAPC was -6.1% (95% CI: -7.8, -4.3) ([Figure 2](#)).
- Progress has been uneven across population groups. Smaller or non-significant declines were observed among adults aged 65 years and older, residents of the Northwest region, adults who were separated, and several occupational groups, including trades and transport and manufacturing and utilities ([Figure 2](#)).
- Cigarette use among youth aged 12 to 18 in Ontario declined dramatically between 2015 and 2021 (AAPC=-32.2; 95% CI: -41.9, -23.3) representing the largest decline observed across population groups. Prevalence is projected to remain below 1% through 2035, although estimates should be interpreted with caution due to high sampling variability.

Introduction

Tobacco use remains the leading cause of preventable death in Canada, despite a remarkable decline in smoking rates over the past five decades.^{1,2} In Ontario, smoking accounts for an estimated 16,673 deaths, 68,046 hospitalizations, and 125,384 emergency department visits each year among individuals aged 35 and older.³ Although national smoking prevalence has dropped significantly, from 50% in 1965 to 11% in 2022, tobacco use continues to place a significant burden on public health and the health care system.^{2,4} In 2020, the economic cost associated with smoking, including healthcare costs, lost productivity costs, criminal justice costs, and other direct costs, totaled to \$11.2 billion in Canada, underscoring the need for continued tobacco control efforts.⁵

Although overall smoking rates in Canada have declined, these reductions have not been uniform across population groups. Between 1950 and 2011, the gap in smoking prevalence between males and females steadily narrowed as males experienced faster decline; this pattern slowed after 2000.⁶ Socioeconomic disparities also widened, with the difference in smoking prevalence between individuals without secondary school completion and university graduates increasing overtime.⁶ While smoking declined across all age groups between 1999 and 2020, the most substantial declines occurred among youth and young adults, whereas decreases among adults 55 and older were comparatively modest.²

Current patterns show that substantial disparities remain across population groups. Smoking rates are consistently higher among people with lower educational attainment, including those who did not complete high school, and among individuals with lower household incomes. Young adult males, sexual minority adults, Indigenous peoples, and adults employed in manufacturing, utilities, trades and transport also report disproportionately higher smoking prevalence.^{7,8} Geographic disparities are also evident, as smoking is more prevalent in rural, small, and medium-sized population centres than in large urban centres.⁷

These inequities have a measurable impact on smoking prevalence at the population level. If all income groups had the same smoking prevalence as those in the highest-income quintile, Ontario's overall smoking prevalence would fall by 29%, with almost half of this reduction attributable to changes within the lowest-income quintile alone. Similarly, if adults living outside large urban centres had smoking rates equivalent to those within them, the provincial smoking prevalence would decline by approximately 10%. Educational disparities are even more pronounced; if all adults had the same smoking prevalence as university graduates, overall smoking prevalence in Ontario would be reduced by half.⁷

These differences are shaped by a complex interplay of individual, interpersonal, community, societal, and commercial influences.¹⁰ Inequities experienced by First Nations, Inuit and Métis peoples are rooted in historic and ongoing colonial policies and practices, such as forced relocation, land dispossession, cultural suppression, and the residential school system, and are further compounded by unaddressed intergenerational trauma.⁹ These factors can influence every stage of tobacco use, initiation, frequency of use, dependence, and cessation, underscoring the need for equity-focused and culturally grounded tobacco control strategies.¹⁰

In response to persistent health and social inequities in tobacco use and a slowing decline in smoking prevalence, the Government of Canada launched Canada's Tobacco Strategy (CTS) in 2018.^{11, 12} Informed by the consultations with health experts, civil society and the public between 2016 and 2017, the CTS marked a shift from the earlier Federal Tobacco Control Strategy (FTCS) by broadening federal efforts to address emerging challenges such as vaping and inequities in tobacco use.¹¹⁻¹³ The CTS is supported by long-term annual funding to sustain implementation and is grounded by four key themes: help Canadians quit tobacco; protect youth and people who do not use tobacco from nicotine addiction; support Indigenous-led approaches to reducing commercial tobacco use; and strengthening science, surveillance, and partnerships. To guide these efforts, CTS adopted an ambitious target of reducing tobacco use to less than 5% by 2035.¹¹ Specifically, this target refers to tobacco use (i.e., cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco) and does not include use of vaping products, nicotine pouches, or other nicotine products.

Recent reports indicate that Canada remains broadly on track toward this goal, but progress is uneven across jurisdictions and population groups. Modeling estimates that cigarette smoking prevalence may reach 4.9% or 5.1% by 2035 among adults in Canada.^{13,14} These projections apply specifically to cigarette smoking, whereas the national target is defined for the total population and encompasses all forms of tobacco use. The modeling also shows that declines are projected to be slower among several demographic groups, including adults aged 35-64 and individuals with lower incomes.¹⁴ Provincial differences are also evident; aside from British Columbia, most provinces, including Ontario, are projected to remain above 5%, with Ontario's cigarette smoking prevalence previously estimated at 5.19% by 2035.¹⁴

These findings reinforce the importance of equity-centered monitoring to identify where reductions in smoking are occurring more slowly and ensure that populations disproportionately affected by tobacco use receive interventions and effective supports.

The objectives of this report are to:

1. Describe cigarette smoking prevalence across key subpopulations in Ontario.
2. Examine recent trends in cigarette smoking across population groups using the Average Annual Percent Change (AAPC) to assess whether declines are occurring equitably in Ontario.
3. Project future cigarette smoking prevalence for Ontario and for each population group to assess expected patterns moving forward.

Together, these analyses provide insight into where progress has been made, where disparities persist, and which groups may benefit from more targeted tobacco-control strategies.

Methods

Data Source

- This report examined the Ontario population of the Canadian Community Health Survey (CCHS), an annual survey conducted by Statistics Canada that collects information on health status, health care utilization, and health determinants.¹⁵
- The data in this report represent individuals aged 12 years and older residing in Ontario. Those not captured by the CCHS include people living on First Nations reserves and in other Indigenous communities in the provinces, full-time members of the Canadian Forces, and institutionalized individuals, who together represent less than 3% of the population.¹⁵ In addition, Indigenous identity is based on self-report in the survey and may underestimate true representation, as some Indigenous individuals may choose not to self-identify due to concerns related to safety, trust, or confidentiality.
- All analyses were conducted using CCHS share files, which include a subset (typically over 90%) of the master file.¹⁵ These files contain records only from respondents who agreed to share their information with provincial and territorial health departments.
- Although the CCHS has been conducted annually since 2001, it underwent major redesigns in 2015 and 2022, substantially changing its data collection procedures, sampling strategies, survey content, and population coverage. To ensure consistent and comparable year-over-year estimates for individuals aged 12 years and older, this report focuses on the most recent methodologically comparable period of 2015 to 2021 to estimate average annual percent change and project cigarette smoking prevalence to 2035.
- Data from 2022 to 2024 are used separately to describe recent patterns in cigarette use and vape use among adults.

Data Analysis

- All prevalence estimates and 95% confidence intervals (CIs) were weighted to be representative of the Ontario population. Variance estimation accounted for the complex survey design using the bootstrap replicate weights provided by Statistics Canada.
- Detailed definitions of indicators and measures are presented in [Appendix A](#).
- Statistics Canada's release guidelines were used to report outcomes. Estimates with fewer than 10 observations for the characteristic of interest or fewer than 20 in the domain were suppressed. Remaining estimates were assessed using the coefficient of variation (CV): those with CVs <0.15 were reported without warnings, CVs between 0.15 and 0.35 were reported with warnings to interpret with caution, and CVs >0.35 were suppressed due to extreme sampling variability.
- All statistical analyses were performed using SAS Enterprise Guide 8.2.

Average Annual Percent Change (AAPC)

- Temporal trends in cigarette use were summarized using the Average Annual Percent Change (AAPC), which represents the average yearly relative change in prevalence over the study period.
- Annual prevalence estimates were generated for each population using 1,000 bootstrap replicates. These replicate-specific estimates were then used to assess trends.
- Within each bootstrap replicate, Annual Percent Change (APC) was calculated as the proportional change in prevalence between consecutive years using the following formula:

$$APC_t = \left(\frac{P_t - P_{t-1}}{P_{t-1}} \right) * 100$$

where: P_t represents the prevalence estimate in year t , P_{t-1} represents the prevalence estimate in the previous year.

- To summarize changes across multiple years, APC values were log-transformed by calculating $\log(APC + 1)$. The mean of these log-transformed values was then calculated across years within each replicate. The resulting mean values were back-transformed using exponentiation to obtain replicate specific AAPC estimates.
- The overall AAPC was calculated as the mean of the replicate-specific AAPC estimates. 95% CIs were from the distribution of these estimates, using the 2.5th and 97.5th percentiles.

Projected Prevalence in 2035

- The dataset containing prevalence estimates generated for each of the 1,000 bootstrap replicates was extended by adding a placeholder row for year 2035.
- A Generalized Linear Mixed Model (GLMM) with a beta distribution was used to model prevalence trends over time, with year as a fixed-effect predictor.
- The model generated predicted prevalence estimates for 2035, which were then averaged across all the bootstrap replicates to obtain the final predicted prevalence; the 95% CIs were derived from the distribution of these estimates using the 2.5th and 97.5th percentiles.

Results

Cigarette Use

- Among Ontarians aged 12 years and older, the prevalence of cigarette use declined by 5.6 percentage points from 17.1% in 2015 to 11.6% in 2021 ([Figure 1](#)).
- This decrease corresponds to an average annual percent change of 6.3% (AAPC = -6.3%; 95% CI: -8.0, -4.5) over the seven-year period ([Figure 2](#)).
- If the downward trend observed during this period persists, cigarette use prevalence among individuals aged 12 years and older is projected to decline to 4.2% (95% CI: 3.2, 5.4) by 2035 ([Figure 3](#)).
- Among adults, the prevalence of cigarette use declined from 18.2% in 2015 to 12.5% in 2021 ([Figure 4](#)). This reduction corresponds to an average annual percent decrease of 6.1% (AAPC = -6.1%; 95% CI: -7.8, -4.3) over the period ([Figure 2](#)).
- Based on trends observed between 2015 and 2021, cigarette use prevalence among adults aged 18 years and older is projected to decline to 4.6% (95% CI: 3.5, 5.9) by 2035 ([Figure 3](#)).
- Changes in survey methodology limit direct comparability with estimates prior to 2022. Among adults aged 18 years and older, cigarette use prevalence was 11.6% in 2022, 10.9% in 2023, and 11.1% in 2024, indicating relatively small year-to-year variation during this period ([Figure 4](#)).

Figure 1: Cigarette Use (Past 30 Days), Aged 12 Years and Older, Ontario, 2015–2021

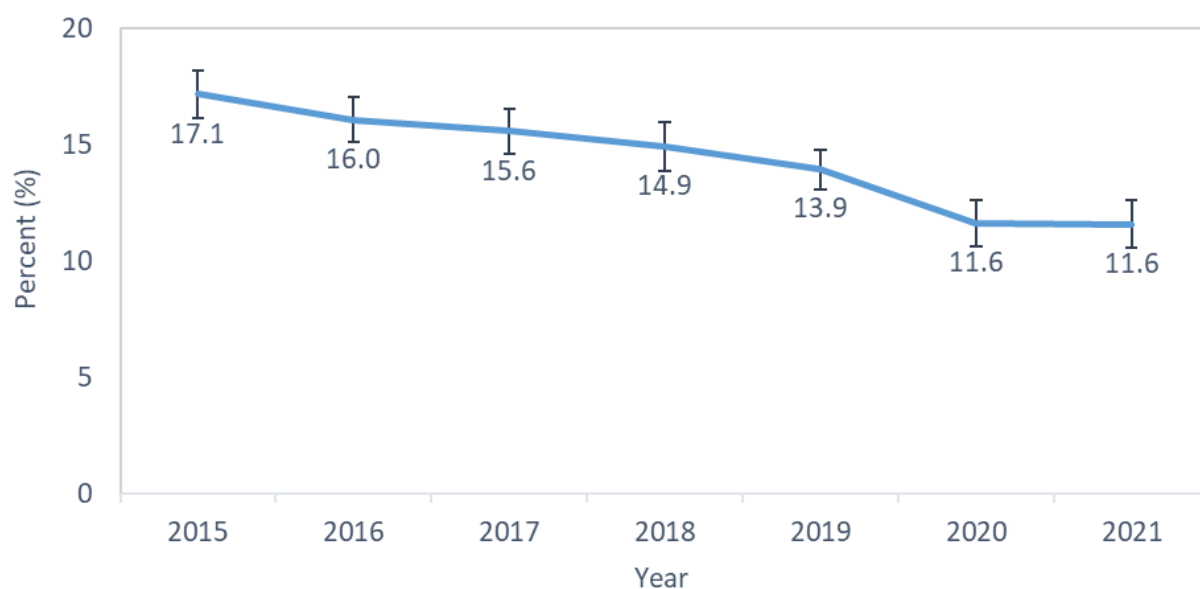
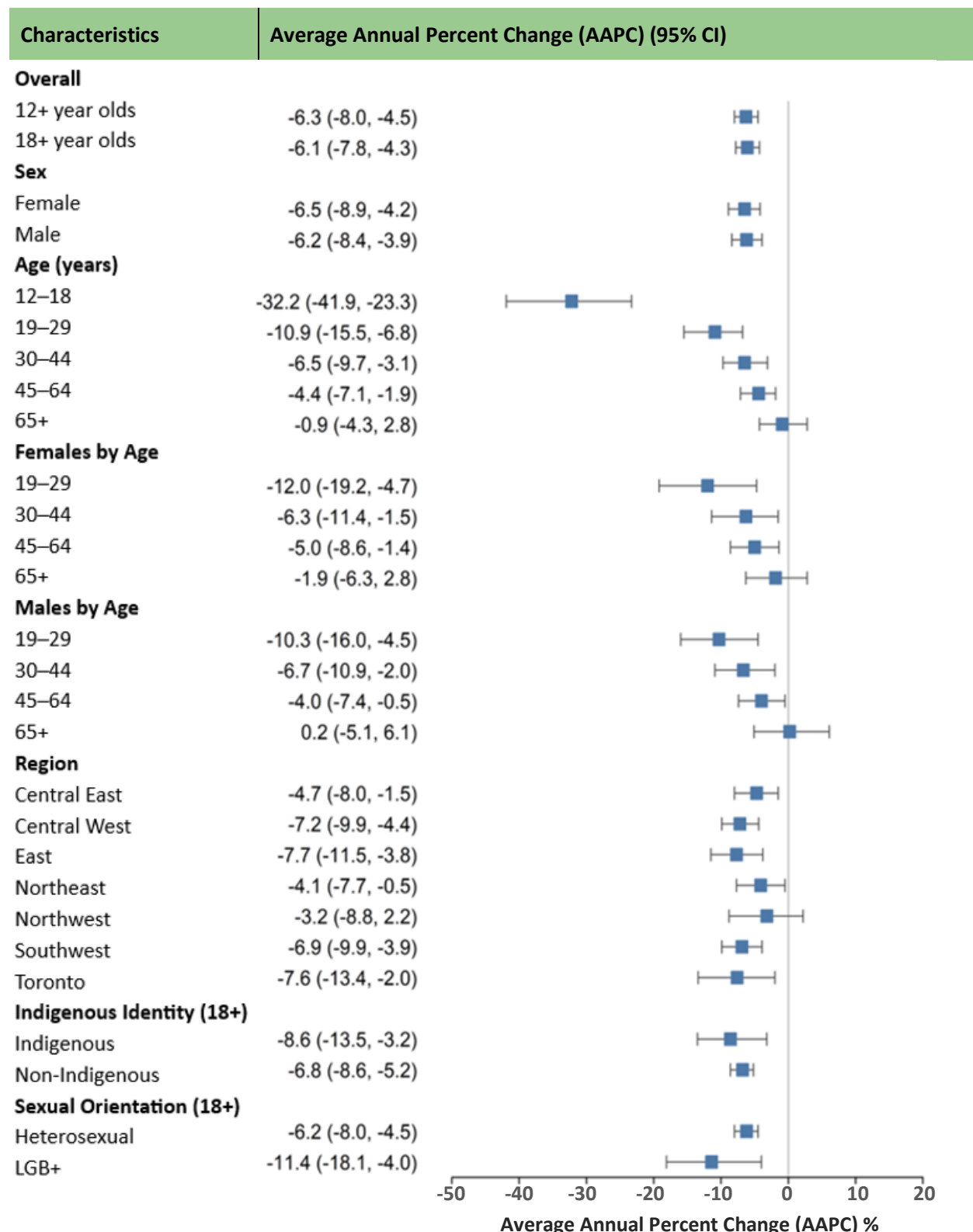
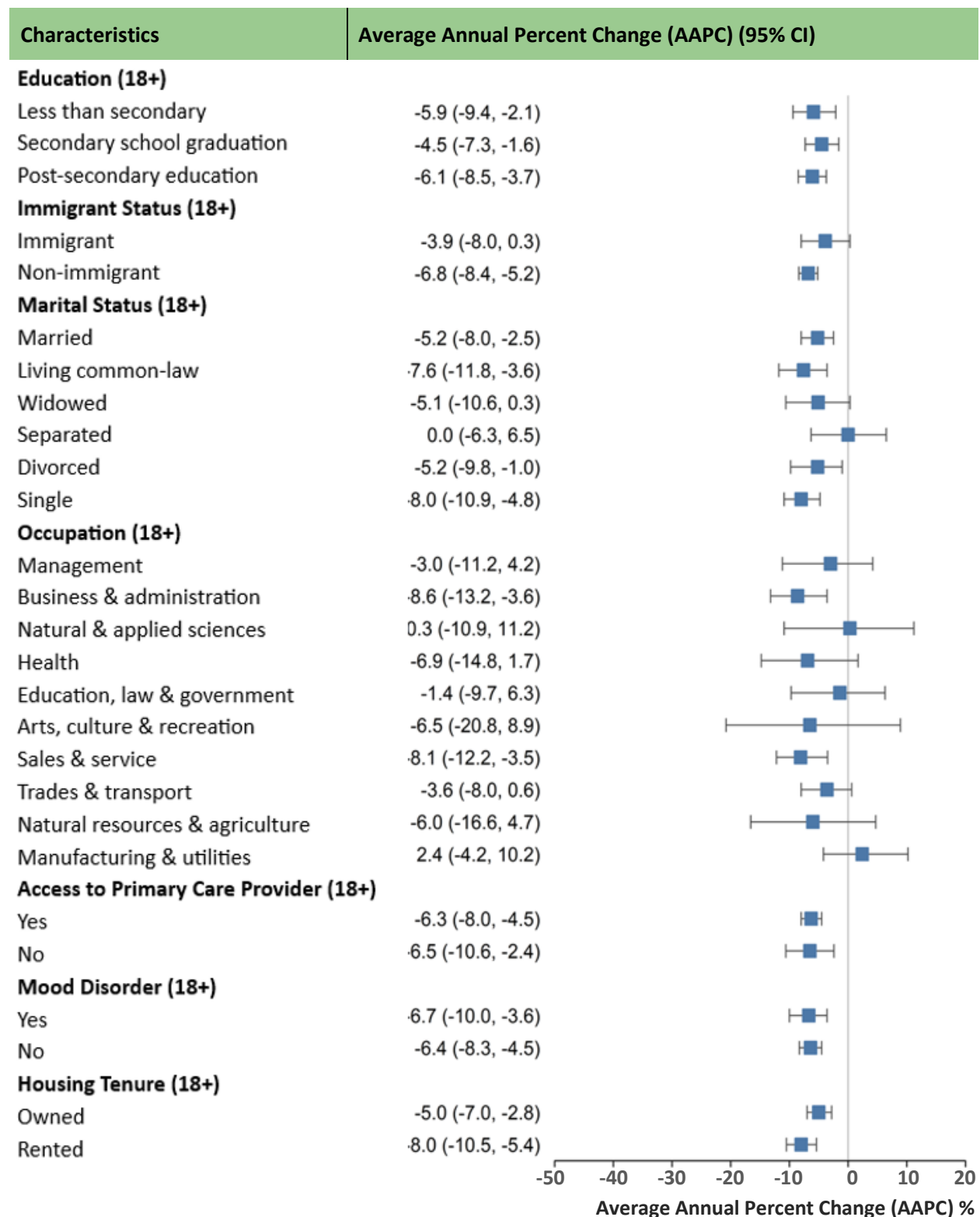


Figure 2: Average Annual Percent Change (AAPC) in Cigarette Use Prevalence by Demographic, Socioeconomic, and Health Characteristics, Ontario, 2015–2021



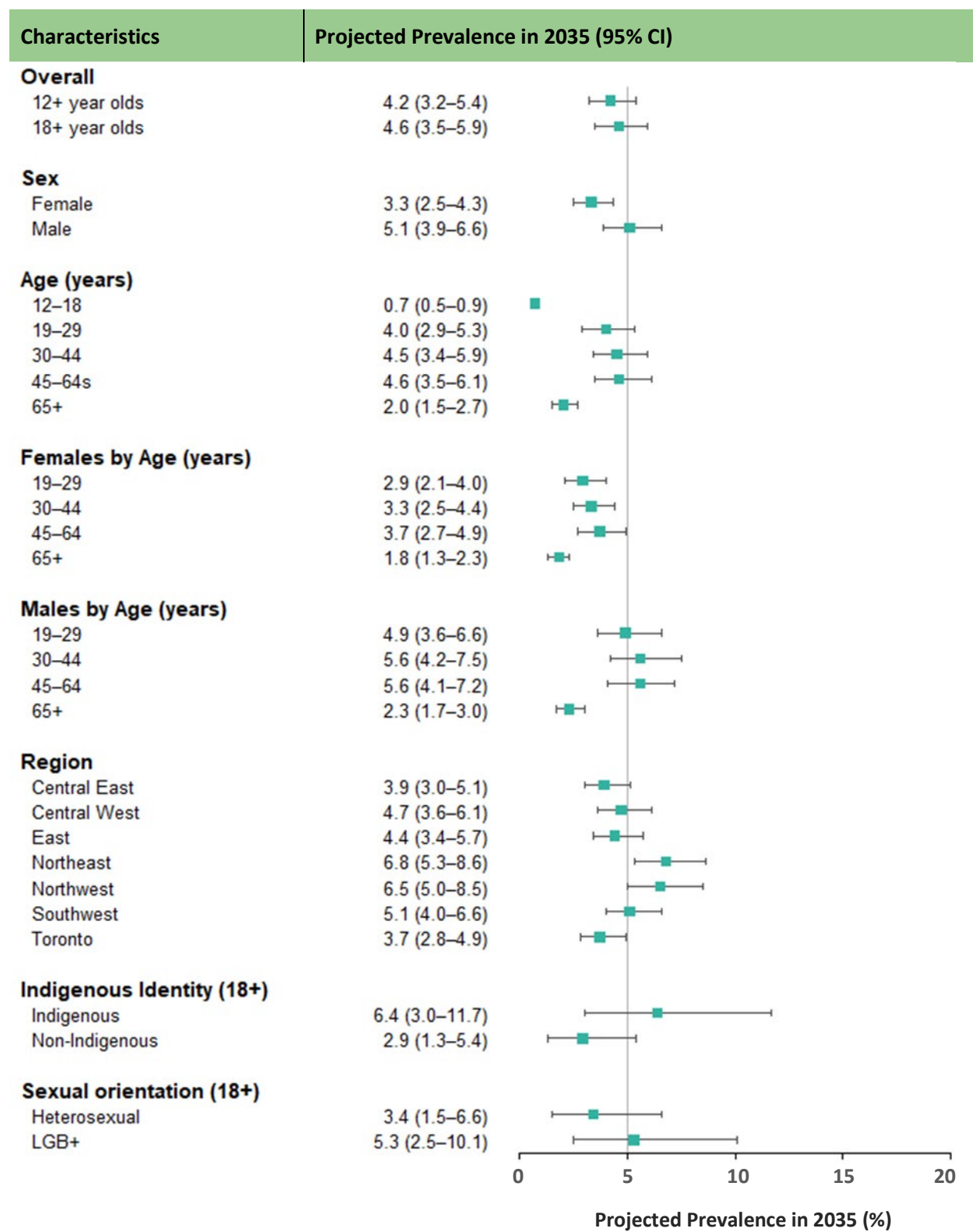
Note: Estimates are shown with 95% confidence intervals. The reference line at zero represents no average annual change in prevalence. Data for this figure are provided in Appendix B ([Table B1](#)).

Figure 2 (Cont'd): Average Annual Percent Change (AAPC) in Cigarette Use Prevalence by Demographic, Socioeconomic, and Health Characteristics, Ontario, 2015–2021



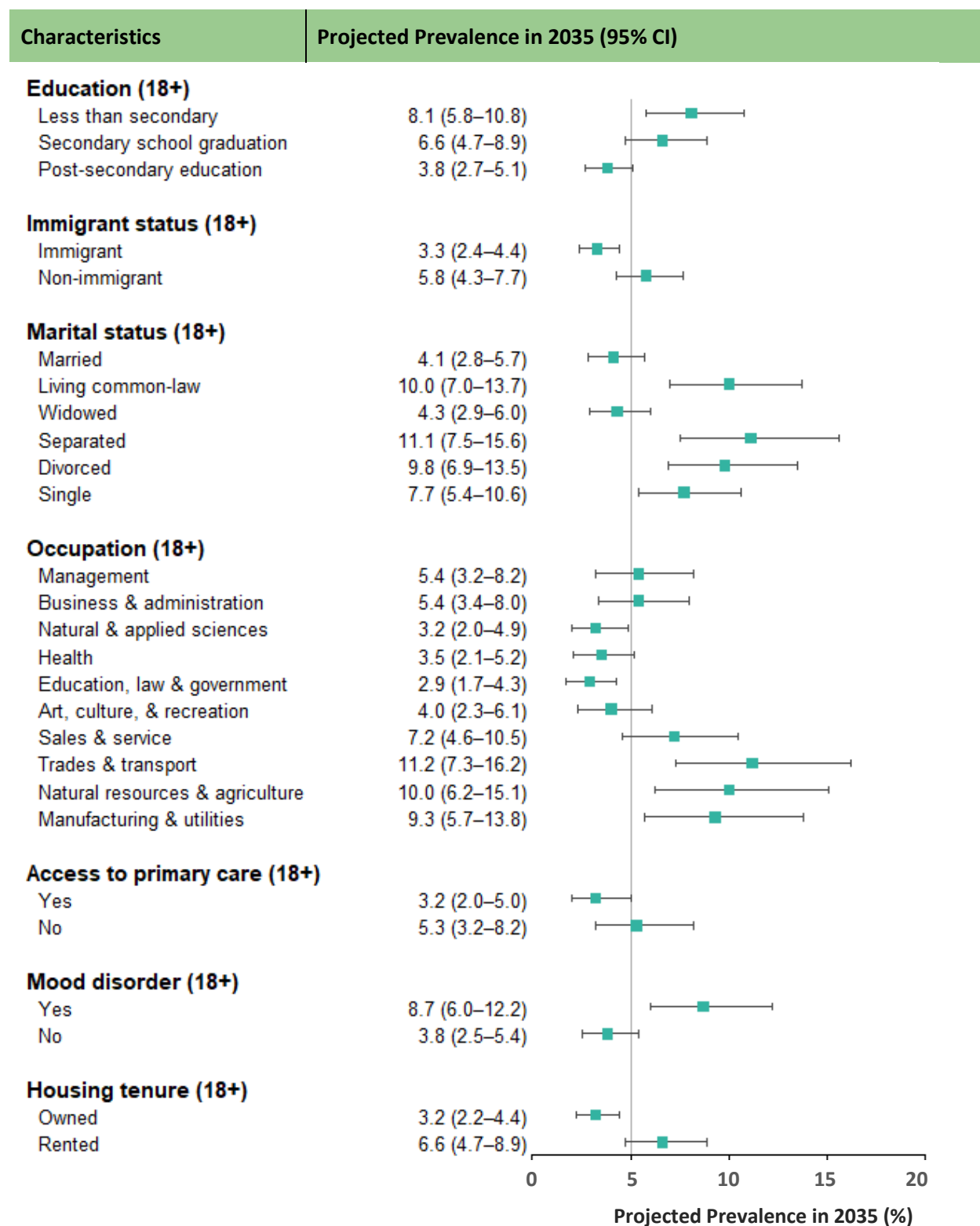
Note: Estimates are shown with 95% confidence intervals. The reference line at zero represents no average annual change in prevalence. Data for this figure are provided in Appendix B ([Table B1](#)).

Figure 3: Projected Prevalence in Cigarette Use in 2035 by Demographic, Socioeconomic, and Health Characteristic, Ontario, 2015–2021



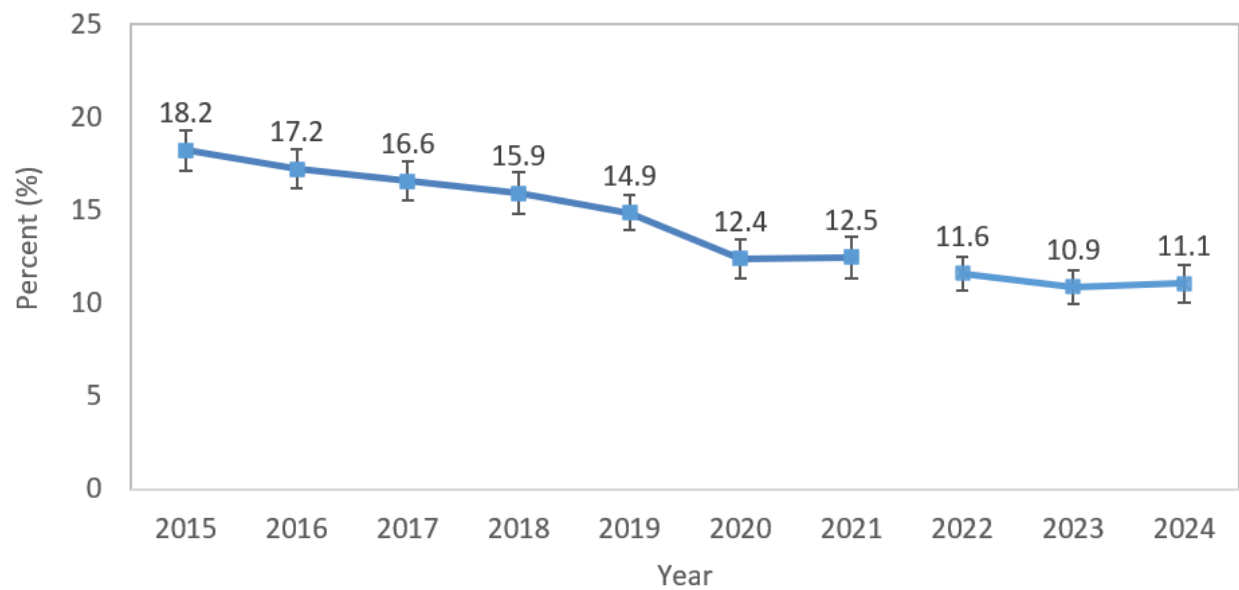
Note: Estimates are shown with 95% confidence intervals. The reference line at 5% represents national target for tobacco use prevalence by 2035. Data for this figure are provided in Appendix C ([Table C1](#)).

Figure 3 (Cont'd): Projected Prevalence in Cigarette Use in 2035 by Demographic, Socioeconomic, and Health Characteristic, Ontario, 2015–2021



Note: Estimates are shown with 95% confidence intervals. The reference line at 5% represents national target for tobacco use prevalence by 2035. Data for this figure are provided in Appendix C ([Table C1](#)).

Figure 4: Cigarette Use (Past 30 Days), Among Adults (Ages 18+), Ontario, 2015–2024

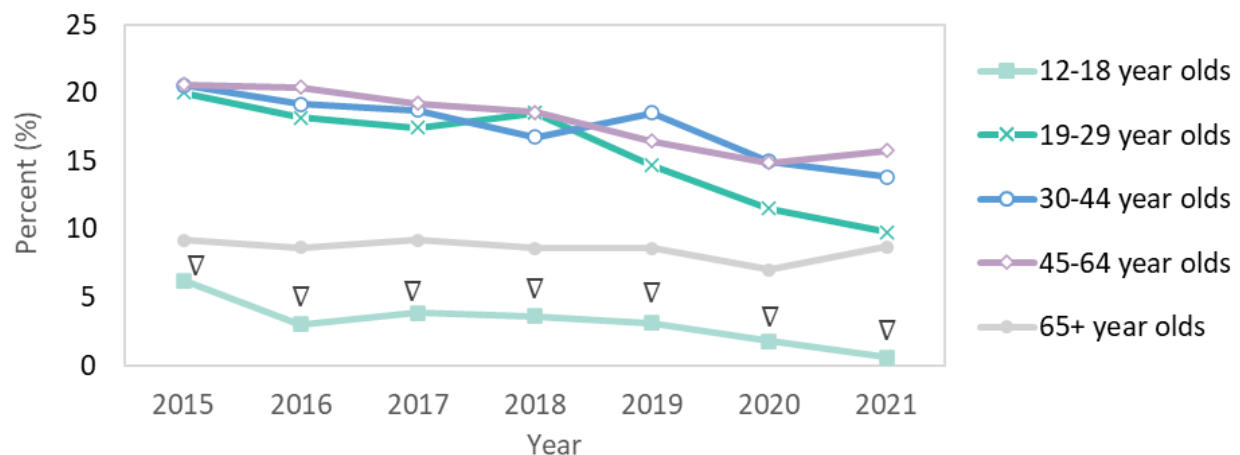


Note: Due to changes in the CCHS introduced in 2022, estimates before and after this year are not directly comparable, resulting in a break in the time series.

Cigarette Use by Age

- Cigarette use declined across most age groups between 2015 and 2021, with the magnitude of decline varying by age ([Figure 5](#)).
- Among youth aged 12 to 18 years, cigarette use decreased substantially from 6.3% in 2015 to 0.6% in 2021, corresponding to a rapid average annual decline of 32.2% (95% CI: -41.9, -23.3). Estimates for this age group should be interpreted with caution due to high sampling variability. The projected prevalence among youth remains below 1% by 2035 ([Table 1](#)).
- Young adults aged 19 to 29 years also experienced large declines, with prevalence decreasing from 20% in 2015 to 9.8% in 2021, and an average annual decline of 10.9% (95%: -15.5, -6.8). Projected prevalence for this group is estimated at 4.0% (95% CI: 2.9, 5.3) by 2035 ([Table 1](#)).
- Among adults aged 30 to 44 years and 45 to 64 years, cigarette use declined over the study period with average annual decreases of 6.5% (95% CI: -9.7, -3.1) and 4.4% (95% CI: -7.1, -1.9), respectively. Projected prevalence is expected to remain above 4% in both groups by 2035 (ages 30–44: 4.5%; 95% CI: 3.4, 5.9; ages 45–64: 4.6%; 95% CI: 3.5, 6.1) ([Table 1](#)).
- In contrast, cigarette use among adults aged 65 years and older showed no significant change between 2015 and 2021, with a small and not statistically significant average annual percent change (AAPC: -0.9; 95% CI: -4.3, 2.8). Projected prevalence in 2035 is estimated to remain lower than that observed among other adult age groups (2.0%; 95% CI: 1.5, 2.7) ([Table 1](#)).

Figure 5: Cigarette Use (Past 30 Days), by Age, Ontario, 2015 to 2021



Note: ▽ = Interpret with caution: subject to high sampling variability.

Table 1: Trends in Cigarette Use (Past 30 Days), Including Annual Percentage Change (2015–2021) and Projected Prevalence 2035, by Age, Ontario

Age (years)	2015 Cigarette Use % (95% CI)	2021 Cigarette Use % (95% CI)	Average Annual Percent Change AAPC (95% CI)	2035 Projected Prevalence % (95% CI)
12 to 18	6.3 [▽] (4.0, 8.5)	0.6 [▽] (0.2, 1.0)	-32.2 (-41.9, -23.3)	0.7 (0.5, 0.9)
19 to 29	20.0 (17.2, 22.8)	9.8 (7.1, 12.5)	-10.9 (-15.5, -6.8)	4.0 (2.9, 5.3)
30 to 44	20.5 (18.3, 22.7)	13.8 (11.5, 16.2)	-6.5 (-9.7, -3.1)	4.5 (3.4, 5.9)
45 to 64	20.6 (18.7, 22.5)	15.8 (13.7, 17.9)	-4.4 (-7.1, -1.9)	4.6 (3.5, 6.1)
65+	9.2 (7.7, 10.8)	8.7 (7.5, 9.9)	-0.9 (-4.3, 2.8)	2.0 (1.5, 2.7)

Note: [▽] = Interpret with caution: subject to high sampling variability.

Cigarette Use by Sex

- Cigarette use declined among both females and males in Ontario between 2015 and 2021 ([Figure 6](#)). Over this period, prevalence decreased from 14.6% to 9.8% among females and from 19.9% to 13.4% among males.
- The average annual percent change was similar by sex, with an average annual decrease of 6.5% decrease among females (95% CI: -8.9, -4.2) and 6.2% among males (95% CI: (-8.4, -3.9) ([Figure 2](#)).
- Cigarette use prevalence is projected to decline to 3.3% among females (95% CI: 2.5, 4.3) and 5.1% among males (95% CI: 3.9, 6.6) by 2035 ([Figure 3](#)).
- Cigarette use declined among young adult (19 to 29 year olds) females and males between 2015 and 2021, with average annual decreases of 12% (95% CI: -19.2, -4.7) among females and 10.3% (95% CI: -16, -4.5) among males ([Table 2](#)).
- Changes in cigarette use were modest among middle aged adults. Among adults aged 65 and older, no statistically significant decline in cigarette use was observed, with average annual percent changes not statistically different from zero ([Table 2](#)).

Figure 6: Cigarette Use (Past 30 Days), by Sex, Ages12+, Ontario, 2015 to 2021

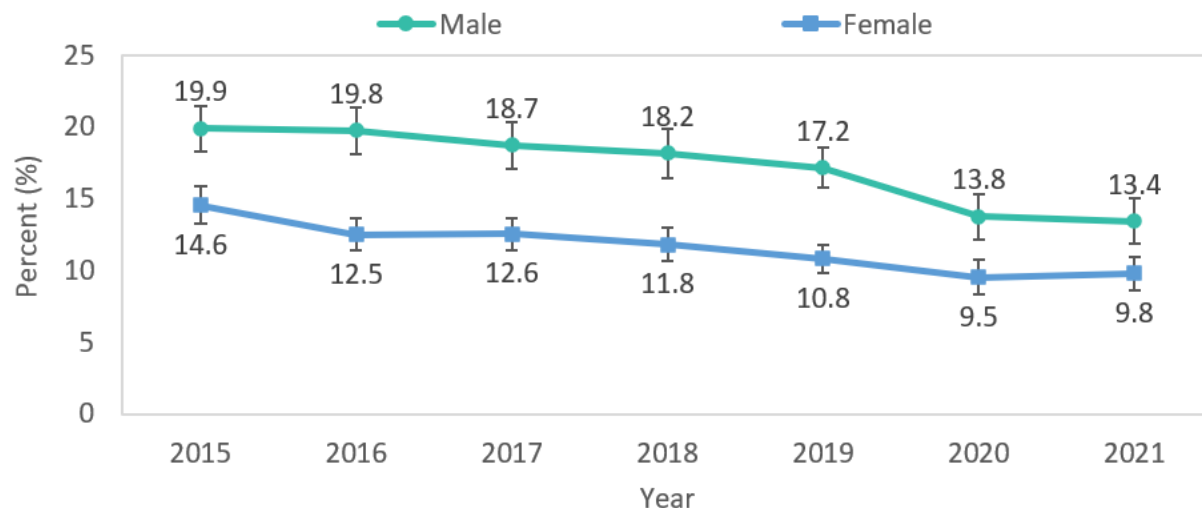


Table 2: Trends in Cigarette Use (Past 30 Days), Including Annual Percentage Change (2015–2021) and Projected Prevalence for 2035, by Sex and Age, Ontario

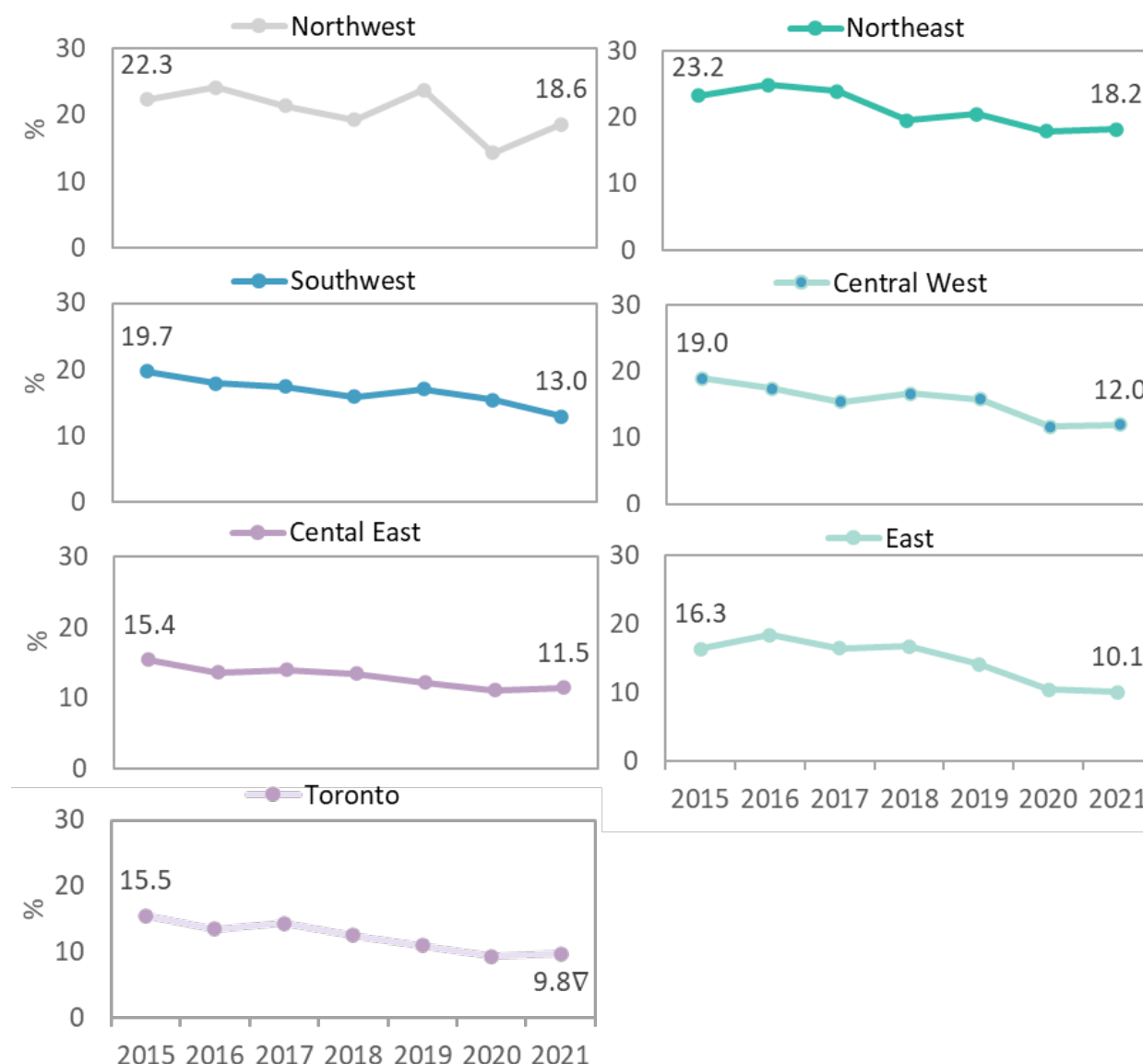
Sex and Age (years)	2015 Cigarette Use % (95% CI)	2021 Cigarette Use % (95% CI)	Average Annual Percent Change AAPC (95% CI)	2035 Projected Prevalence % (95% CI)
Females by Age[‡]				
19 to 29	16.1 (12.2, 19.9)	7.6 [▽] (4.2, 10.9)	-12 (-19.2 to -4.7)	2.9 (2.1 to 4)
30 to 44	17.3 (14.6, 19.9)	11.8 (8.6, 14.9)	-6.3 (-11.4 to -1.5)	3.3 (2.5 to 4.4)
45 to 64	17.6 (15.2, 19.9)	13.0 (10.6, 15.4)	-5 (-8.6 to -1.4)	3.7 (2.7 to 4.9)
65+	9.0 (7.0, 11.0)	8.1 (6.6, 9.5)	-1.9 (-6.3 to 2.8)	1.8 (1.3 to 2.3)
Males by Age[‡]				
19 to 29	23.7 (19, 28.4)	11.9 [▽] (7.8, 16.0)	-10.3 (-16 to -4.5)	4.9 (3.6 to 6.6)
30 to 44	23.9 (20.2, 27.7)	15.9 (12.3, 19.5)	-6.7 (-10.9 to -2)	5.6 (4.2 to 7.5)
45 to 64	23.9 (20.9, 26.9)	18.7 (15.4, 22.1)	-4 (-7.4 to -0.5)	5.6 (4.1 to 7.2)
65+	9.5 (7.0, 11.9)	9.4 (7.4, 11.5)	0.2 (-5.1 to 6.1)	2.3 (1.7 to 3)

Note: [‡]Prevalence of cigarette smoking for males and females aged 12 to 18 in 2020 and 2021 is too unreliable and has therefore been excluded. [▽] = Interpret with caution: subject to high sampling variability.

Cigarette Use by Region

- Cigarette use declined across most Ontario regions between 2015 and 2021 (Figure 7). In the Northwest region, however, no statistically significant change was observed based on comparisons of prevalence estimates in 2015 (22.3%; 95% CI 17.5, 27.2) and 2021 (18.6%; 95%CI: 14.1, 23.1) , and the rate of change over time was also not statistically significant, as indicated by the average annual percent change (AAPC = -3.2; 95% CI: -8.8, 2.2) (Figure 2).
- Projected prevalence estimates for 2035 suggest that cigarette use in Toronto will be below 5% (3.7%; 95% CI: 2.8, 4.9). In contrast, cigarette use in the Northeast and Northwest regions is projected to be higher than in Toronto (6.8%; 95% CI: 5.3 to 8.6) and (6.5%; 95% CI: 5.0, 8.5) (Figure 3).

Figure 7: Cigarette Use (Past 30 Days), by Region, Ages 12+, Ontario, 2015 to 2021

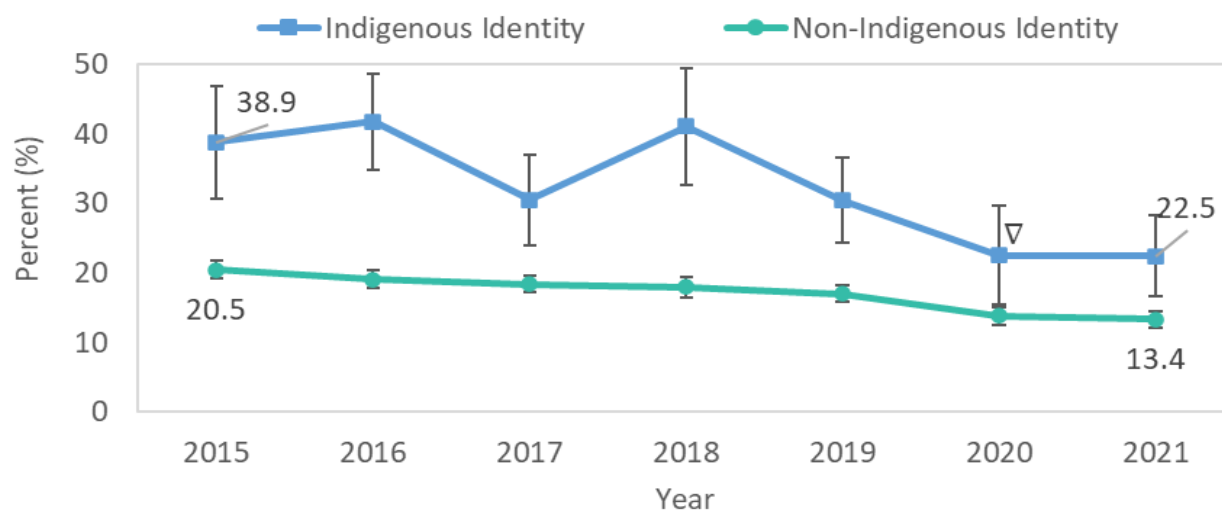


Note: [▽] = Interpret with caution: subject to high sampling variability.

Cigarette Use by Indigenous Identity

- Between 2015 and 2021, cigarette use declined among both Indigenous living off reserve and non-Indigenous adults in Ontario ([Figure 8](#)). However, prevalence remained substantially higher among Indigenous adults throughout the study period.
- Among Indigenous adults living off reserve, cigarette use decreased from 38.9% in 2015 to 22.5% in 2021, corresponding to an average annual percent decrease of 8.6% (95% CI: -13.5, -3.2). Among non-Indigenous adults, cigarette use declined from 20.5% in 2015 to 13.4% in 2021, with a significant average annual percent decrease of 6.8% (95% CI: -8.6, -5.2) ([Figure 2](#)).
- Projections to 2035 suggest that cigarette use among Indigenous adults living off reserve is expected to decline to 6.4% (95% CI: 3.0, 11.7), compared with 2.9% among non-Indigenous adults (95% CI: 1.3, 5.4) ([Figure 3](#)).

Figure 8: Cigarette Use (Past 30 Days), by Indigenous Identity, Ages 18+, Ontario, 2015 to 2021



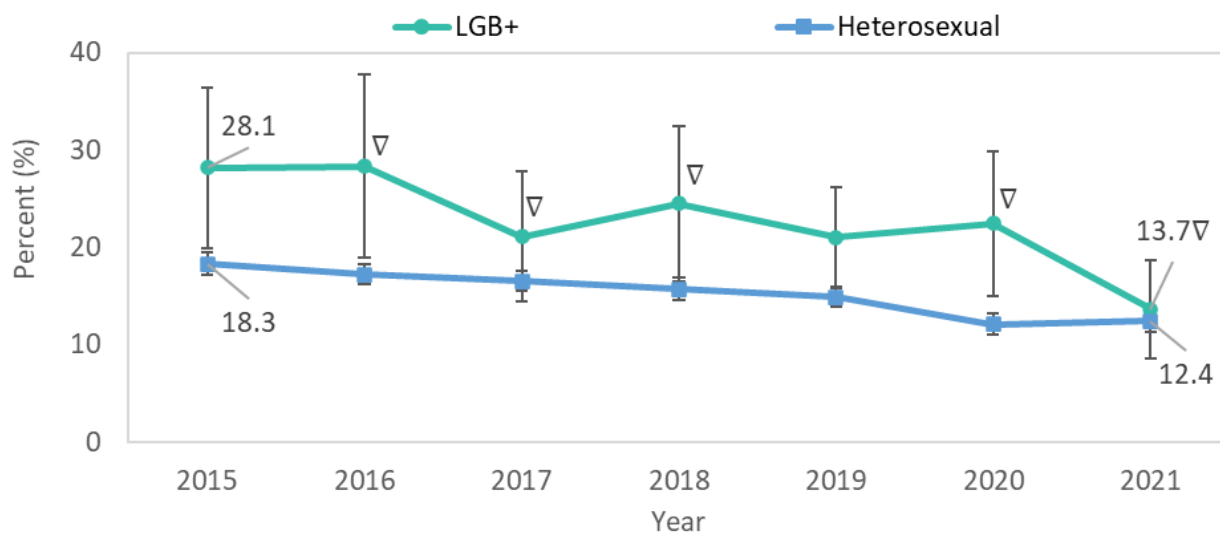
Note: Indigenous identity refers to those who identified First Nations, Métis or Inuk (Inuit). The numbers reflect Indigenous people living off reserve and residents living on reserves were excluded from the survey's coverage.

▽ = Interpret with caution: subject to high sampling variability.

Cigarette Use by Sexual Orientation

- Between 2015 and 2021, cigarette use declined among both heterosexual and LGB+ adults in Ontario (Figure 9). Among heterosexual adults, cigarette use decreased from 18.3% in 2015 to 12.4% in 2021, corresponding to an average annual percent decrease of 6.2% (95% CI: -8, -4.5) (Figure 1).
- Among LGB+ adults, cigarette use declined from 28.1% in 2015 to 13.7% in 2021, with an average annual percent decrease of 11.4% (95% CI: -18.1, -4) (Figure 2). Estimates for LGB+ adults, particularly in 2021, should be interpreted with caution due to high sampling variability.
- By 2035, projected prevalence is expected to be 3.4% (95% CI: 1.5, 6.6) among heterosexual adults, compared with 5.3% among LGB+ adults (95% CI: 2.5 to 10.1) (Figure 3).

Figure 9: Cigarette Use (Past 30 Days), by Sexual Orientation, Ages 18+, Ontario, 2015 to 2021

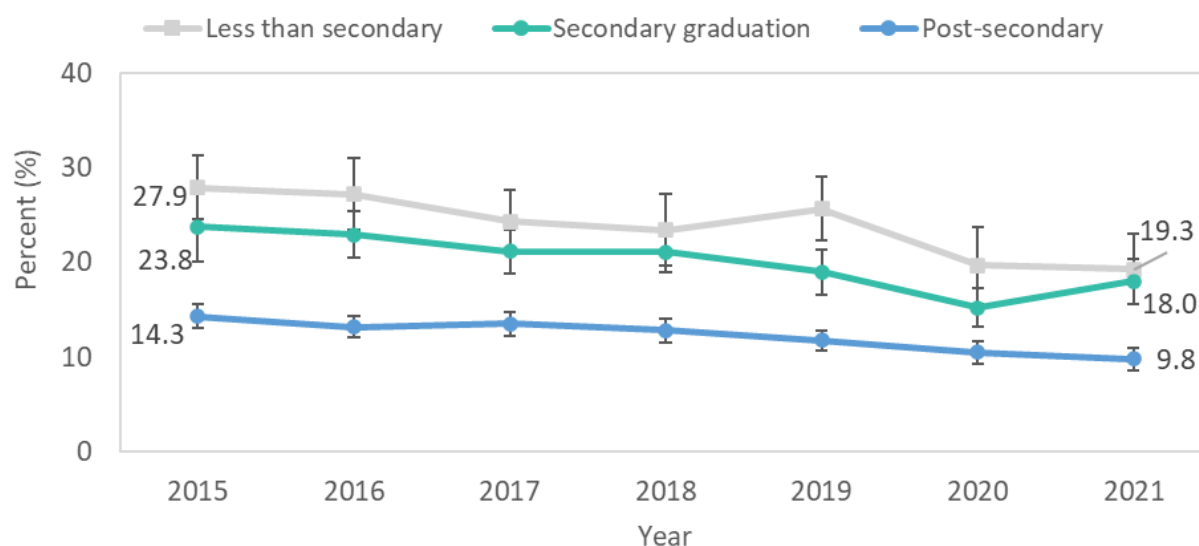


Note: ▽ = Interpret with caution: subject to high sampling variability.

Cigarette Use by Educational Attainment

- Between 2015 and 2021, cigarette use declined across all levels of educational attainment among adults in Ontario. Among adults with less than secondary education, prevalence decreased from 27.9% in 2015 to 19.3% in 2021 (Figure 10), corresponding to an average annual decline of 5.9% (95% CI: -9.4, -2.1) (Figure 2). Projections to 2035 suggest cigarette use in this group is expected to decline further to 8.1% (95% CI: 5.8, 10.8). Despite these declines, adults with less than secondary education are expected to continue to have higher cigarette use prevalence compared with those with post-secondary education (Figure 3).
- Adults with secondary school graduation also experienced a decline, from 23.8% in 2015 to 18.0% in 2021, with an average annual decrease of 4.5% (95% CI: -7.3, -1.6) (Figure 2). Projected prevalence for this group is 6.6% by 2035 (95% CI: 4.7, 8.9) (Figure 3).
- Among adults with post-secondary education, cigarette use declined from 14.3% in 2015 to 9.8% in 2021, and this group consistently had the lowest prevalence of cigarette use. The estimated average annual decline was 6.1% (95% CI: -8.5, -3.7) (Figure 2). Projections indicate that prevalence among adults with post-secondary education is expected to decline to 3.8% by 2035 (95% CI: 2.7, 5.1) (Figure 3).

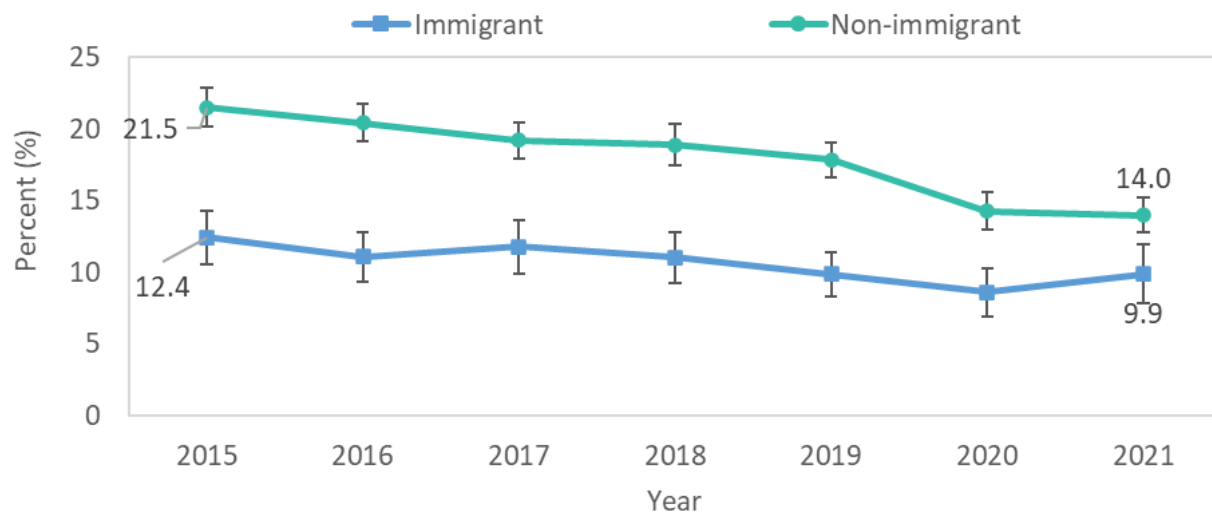
Figure 10: Cigarette Use (Past 30 Days), by Educational Attainment, Ages 18+, Ontario, 2015 to 2021



Cigarette Use by Immigrant Status

- Among non-immigrant adults, cigarette use declined from 21.5% in 2015 to 14.0% in 2021 ([Figure 11](#)), corresponding to an average annual percent decrease of 6.8% (95% CI: -8.4, -5.2) ([Figure 2](#)).
- Among immigrant adults, cigarette use prevalence was lower than among non-immigrants from 2015 to 2021. However, no statistically significant change was observed based on comparisons of prevalence in 2015 (12.4%; 95% CI: 10.6, 14.3) and 2021 (9.9%; 95% CI: 7.9, 11.9) , and the rate of change over time was also not statistically significant (AAPC = -3.9; 95% CI: -8.0, 0.3) ([Figure 2](#)).
- Based on trends observed during this period, cigarette use prevalence among non-immigrant adults is projected to be 5.8 % by 2035 (95% CI: 4.3, 7.7). Cigarette use among immigrant adults is projected to be 3.3% (95% CI: 2.4, 4.4) by 2035 ([Figure 3](#)).

Figure 11: Cigarette Use (Past 30 Days), by Immigrant Status, Ages 18+, Ontario, 2015 to 2021



Cigarette Use by Marital Status

- Cigarette use declined significantly between 2015 and 2021 among adults who were married, living with a common-law partner, or single, with average annual percent decreases ranging from 5.2% to 8%. In contrast, no statistically significant change in prevalence was observed among adults who were widowed, separated, or divorced ([Table 3](#)).
- Projected prevalence estimates indicate that most unmarried groups, including adults who are living with a common-law partner, divorced, separated, or single, are not expected to reach cigarette use prevalence below 5% by 2035.
- By 2035, projected prevalence is expected to be 4.1% (95% CI: 2.8, 5.7) among married adults and 4.3% among widowed adults (95% CI: 2.9, 6.0).

Table 3: Trends in Cigarette Use (Past 30 Days), Including Annual Percentage Change (2015–2021) and Projected Prevalence for 2035, by Marital Status, Ages 18+, Ontario

Marital Status	2015 Current Smoking % (95% CI)	2021 Current Smoking % (95% CI)	Average Annual Percent Change AAPC (95% CI)	2035 Projected Prevalence % (95% CI)
Married	13.0 (11.7, 14.4)	9.6 (8.2, 10.9)	-5.2 (-8, -2.5)	4.1 (2.8, 5.7)
Living common-law	30.9 (26.3, 35.4)	18.9 (14.8, 23)	-7.6 (-11.8, -3.6)	10 (7.0, 13.7)
Widowed	12.7 (9.6, 15.8)	9.2 (7.0, 11.4)	-5.1 (-10.6, 0.3)	4.3 (2.9, 6.0)
Separated	28.4 (21.7, 35.0)	29.1 [▽] (20.4, 37.7)	0 (-6.3, 6.5)	11.1 (7.5, 15.6)
Divorced	27.6 (22.9, 32.3)	19.7 (15.0, 24.3)	-5.2 (-9.8, -1.0)	9.8 (6.9, 13.5)
Single	22.9 (20.5, 25.4)	13.8 (11.4, 16.2)	-8 (-10.9, -4.8)	7.7 (5.4, 10.6)

Note: [▽] = Interpret with caution: subject to high sampling variability

Cigarette Use by Occupation

- Adults working in business and administration and in sales and service experienced statistically significant declines in cigarette use between 2015 and 2021, with average annual percent decreases of 8.6% (95% CI: -13.2, -3.6) and 8.1% (95% CI: -12.2, -3.5), respectively ([Table 4](#)).
- Average annual percent change showed no statistically significant change in cigarette use across most other occupational groups, including management; natural and applied sciences; health; education, law and government; trades and transport; natural resources and agriculture; manufacturing and utilities. Estimates for several groups were subject to higher sampling variability and should be interpreted with caution, as this uncertainty limits conclusions about change over time.
- Projected prevalence estimates for 2035 suggest that cigarette use among adults working in trades and transport (11.2%; 95% CI: 7.3, 16.2), natural resources and agriculture (10%; 95% CI: 6.2, 15.1), and manufacturing and utilities (9.3%; 95% CI: 5.7, 13.8) will remain above 5%.

Table 4: Trends in Cigarette Use (Past 30 Days), Including Annual Percentage Change (2015 to 2021) and Projected Prevalence (2035), by Occupation, Ages 18+, Ontario

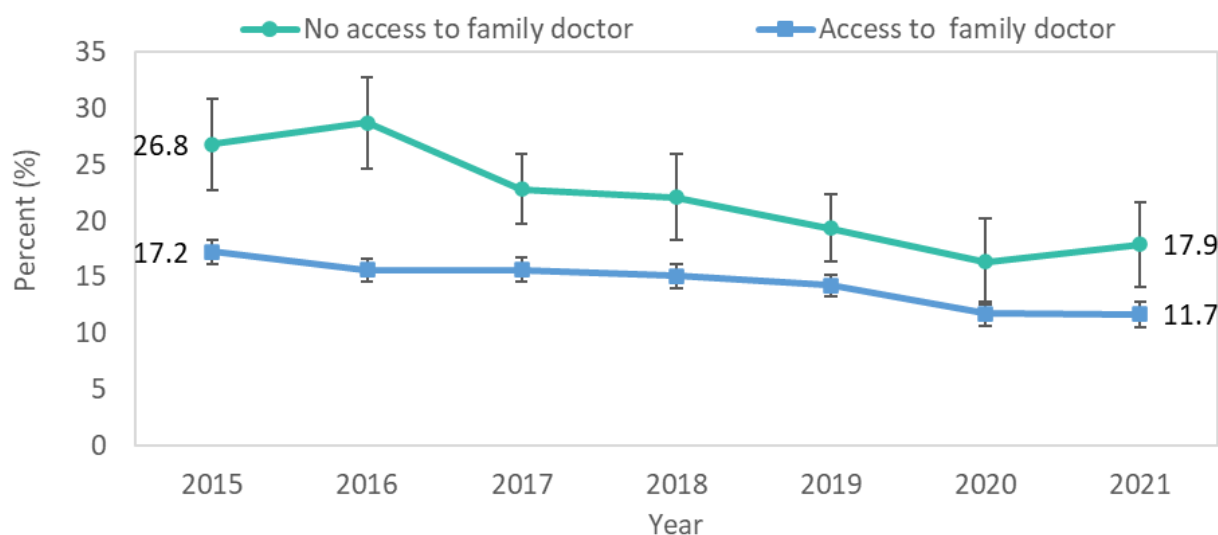
Occupational Group [‡]	2015 Current Smoking % (95% CI)	2021 Current Smoking % (95% CI)	Average Annual Percent Change AAPC (95% CI)	2035 Projected Prevalence % (95% CI)
Management	16.4 (12.2, 20.6)	14.1 [∇] (8.7, 19.6)	-3 (-11.2, 4.2)	5.4 (3.2, 8.2)
Business and administration	20.0 (16.3, 23.7)	11.7 (8.4, 15.0)	-8.6 (-13.2, -3.6)	5.4 (3.4, 8)
Natural and applied sciences	6.9 [∇] (4.0, 9.8)	7.4 [∇] (3.9, 10.9)	0.3 (-10.9, 11.2)	3.2 (2, 4.9)
Health	11.4 [∇] (7.5, 15.4)	7.3 [∇] (4.2, 10.4)	-6.9 (-14.8, 1.7)	3.5 (2.1, 5.2)
Education, law, and government	8.8 [∇] (6.2, 11.4)	7.9 [∇] (4.6, 11.2)	-1.4 (-9.7, 6.3)	2.9 (1.7, 4.3)
Art, culture, and recreation	9.3 [∇] (4.2, 14.4)	§	-6.5 (-20.8, 8.9)	4 (2.3, 6.1)
Sales and service	24.7 (21.0, 28.4)	14.9 (11.1, 18.7)	-8.1 (-12.2, -3.5)	7.2 (4.6, 10.5)
Trades and transport	32.5 (27.5, 37.6)	25.9 (20, 31.9)	-3.6 (-8, 0.6)	11.2 (7.3, 16.2)
Natural resources and agriculture	32.3 [∇] (18.8, 45.7)	21.9 [∇] (11.5, 32.2)	-6 (-16.6, 4.7)	10 (6.2, 15.1)
Manufacturing and utilities	23.7 (17.7, 29.7)	27.5 [∇] (18.1, 36.9)	2.4 (-4.2, 10.2)	9.3 (5.7, 13.8)

Note: §= Suppressed due to extreme sampling variability. N/A= Suppressed due to unreliable historical estimate(s) for current smoking. [‡]For readability, abbreviated occupational group names are used. Full occupational group titles are included in [Appendix A](#).

Cigarette Use by Access to Regular Doctor

- Between 2015 and 2021, cigarette use declined among adults in Ontario regardless of access to a regular family doctor. However, cigarette use prevalence was consistently higher among adults without access to a regular family doctor throughout this period ([Figure 12](#)).
- Among adults with access to a regular family doctor, cigarette use declined from 17.2% in 2015 to 11.7% in 2021, corresponding to an average annual percent decrease of 6.3% (95% CI: -8.0, -4.5) ([Figure 2](#)). If trends observed during this period continue, cigarette use prevalence in this group is projected to decline to 3.2% (95% CI: 2.0, 5.0) by 2035 ([Figure 3](#)).
- Among adults without access to a regular family doctor, cigarette use decreased from 26.8% in 2015 to 17.9% in 2021, with an average annual percent decrease of 6.5% (95% CI: -10.6, -2.4) ([Figure 2](#)). Projected prevalence for this group is expected to be at 5.3% (95% CI: 3.2, 8.2) by 2035 ([Figure 3](#)).

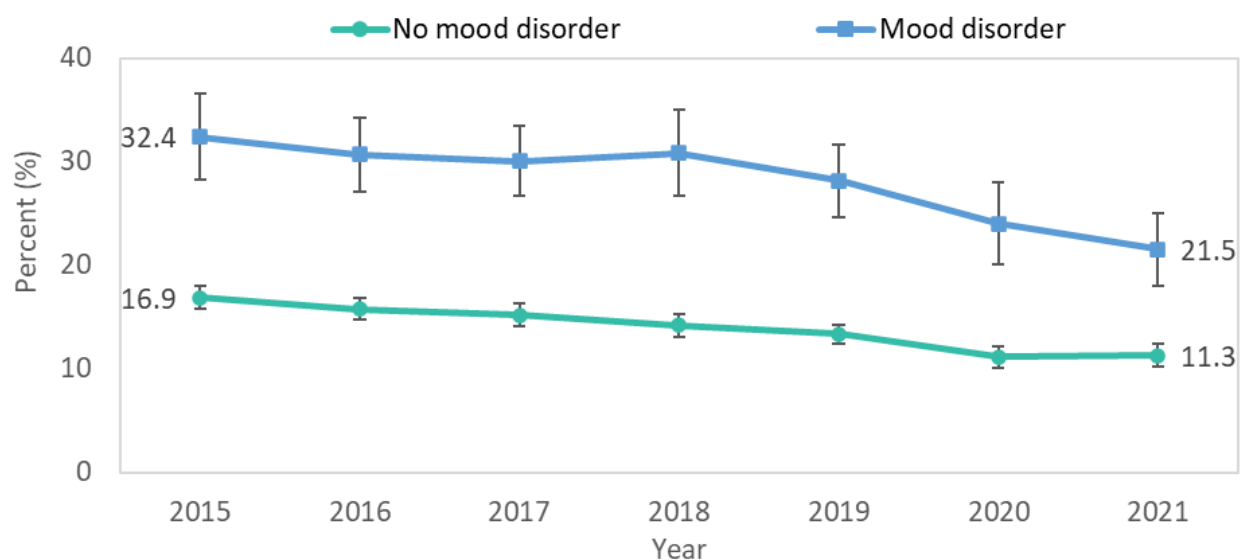
Figure 12: Cigarette Use (Past 30 Days), by Access to Regular Doctor, Ages 18+, Ontario, 2015 to 2021



Cigarette Use by Mood Disorder

- Between 2015 and 2021, cigarette use declined among adults in Ontario both with and without a mood disorder ([Figure 13](#)). However, cigarette use prevalence was consistently higher among adults reporting a mood disorder throughout this period.
- Among adults without a mood disorder, cigarette use decreased from 16.9% in 2015 to 11.3% in 2021, corresponding to an average annual percent decrease of 6.4% (95% CI: -8.3, -4.5) ([Figure 2](#)). Based on trends observed during this period, cigarette use prevalence in this group is projected to decline to 3.8% (95% CI: 2.5, 5.4) by 2035 ([Figure 3](#)).
- Among adults with a mood disorder, cigarette use declined from 32.4% in 2015 to 21.5% in 2021, with an average annual percent decrease of 6.7% (95% CI: -10.0, -3.6) ([Figure 2](#)). Despite this decline, projected prevalence for this group remains higher, at 8.7% (95% CI: 6.0, 12.2) by 2035, compared with adults without a mood disorder ([Figure 3](#)).

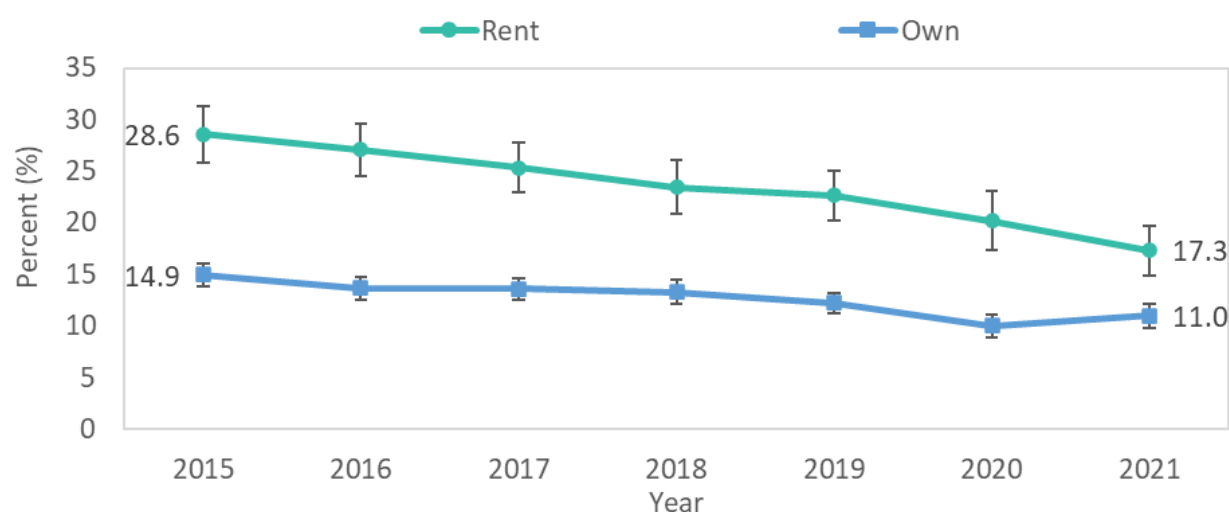
Figure 13: Cigarette Use (Past 30 Days), by Mood Disorder, Ages 18+, Ontario, 2015 to 2021



Cigarette Use by House Tenure

- Cigarette use declined among adults in Ontario regardless of housing tenure between 2015 and 2021. However, cigarette use prevalence was consistently higher among adults who rent their homes compared with those who own ([Figure 14](#)).
- Among adults who own their home, cigarette use decreased from 14.9% in 2015 to 11.0% in 2021, corresponding to an average annual percent decrease of 5.0% (95% CI: -7.0, -2.8) ([Figure 2](#)). Based on trends observed, cigarette use prevalence among homeowners is projected to decline to 3.2% (95% CI: 2.2, 4.4) by 2035 ([Figure 3](#)).
- Among adults who rent their home, cigarette use declined from 28.6% in 2015 to 17.3% in 2021, with an average annual percent decrease of 8.0% (95% CI: -10.5, -5.4) ([Figure 2](#)). Despite this decline, projected prevalence for renters remains higher, at 6.6% (95% CI: 4.7, 8.9) by 2035, compared with adults who own ([Figure 3](#)).

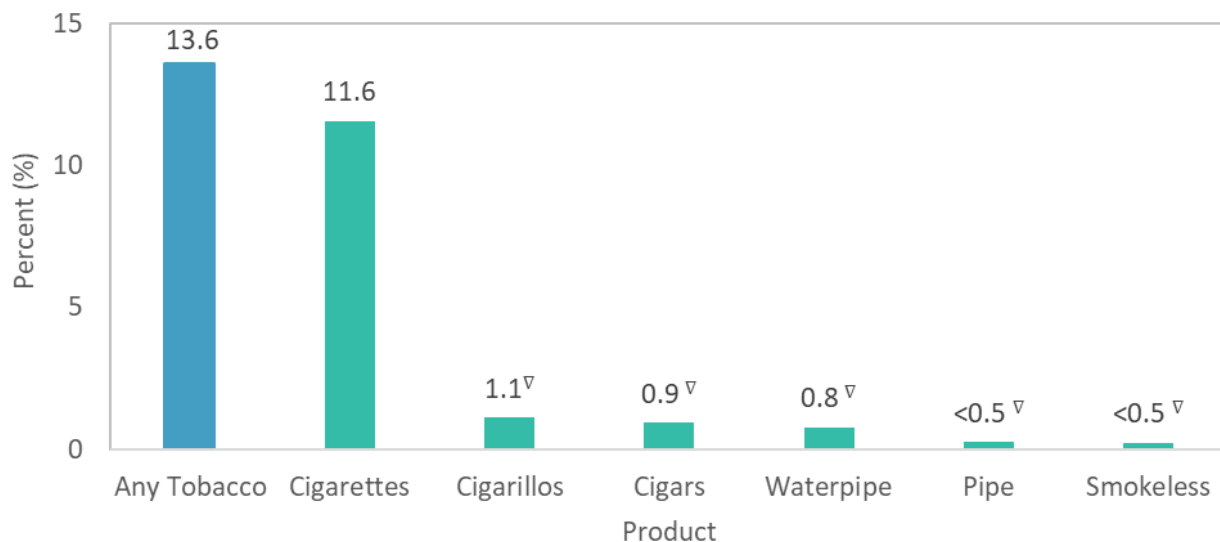
Figure 14: Cigarette Use (Past 30 Days), by House Tenure, Ages 18+, Ontario, 2015 to 2021



Tobacco Product Use

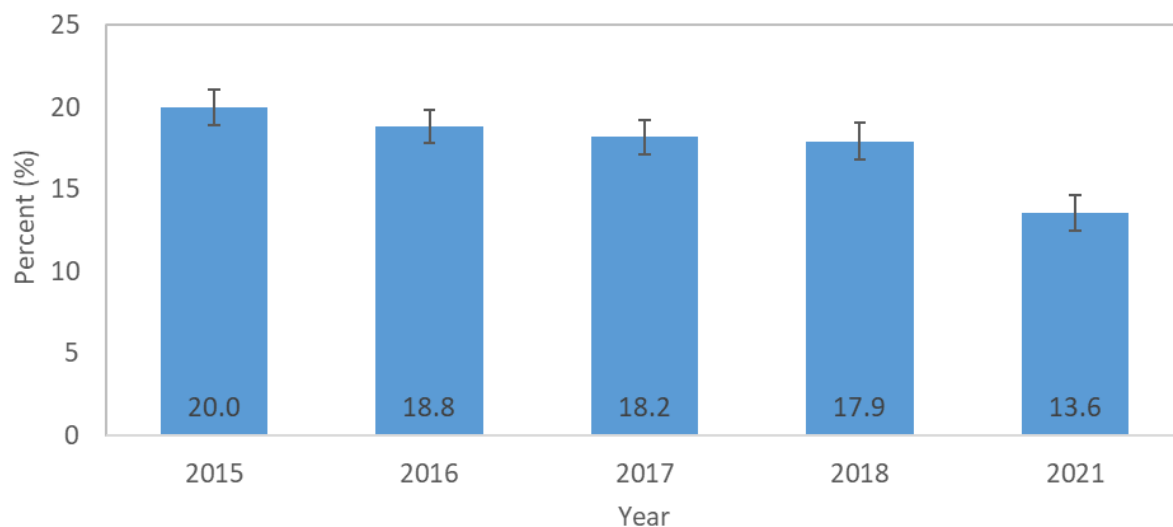
- In 2021, 13.6% of Ontarians aged 12 and older reported using tobacco products (including cigarettes, cigarillos, cigars, waterpipes, pipes, and/or smokeless tobacco) in the past 30 days ([Figure 15](#)). Cigarette use accounted for approximately 85% of total tobacco use in Ontario that year.
- This represents a decline of 6.4 percentage points from 2015, when the rate was 20.0% ([Figure 16](#)).
- The Canadian Community Health Survey (CCHS) did not collect data on other tobacco products (e.g., cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco) in Ontario in 2019 and 2020. Due to gaps in data collection, AAPC and projected prevalence were not calculated for all tobacco use.
- In 2021, the prevalence of tobacco product use was significantly higher among males than females (16.4% vs. 10.9%). Tobacco use prevalence was also significantly higher among residents in the Northeast (19.9%) compared to those in the East (11.9%) and Toronto (12.5%), and higher in the Northwest (19.7%) than in the East ([Figure 17](#)).

Figure 15: Tobacco Use (Past 30 Days), by Product Type, Ontario, Ages 12+, 2021



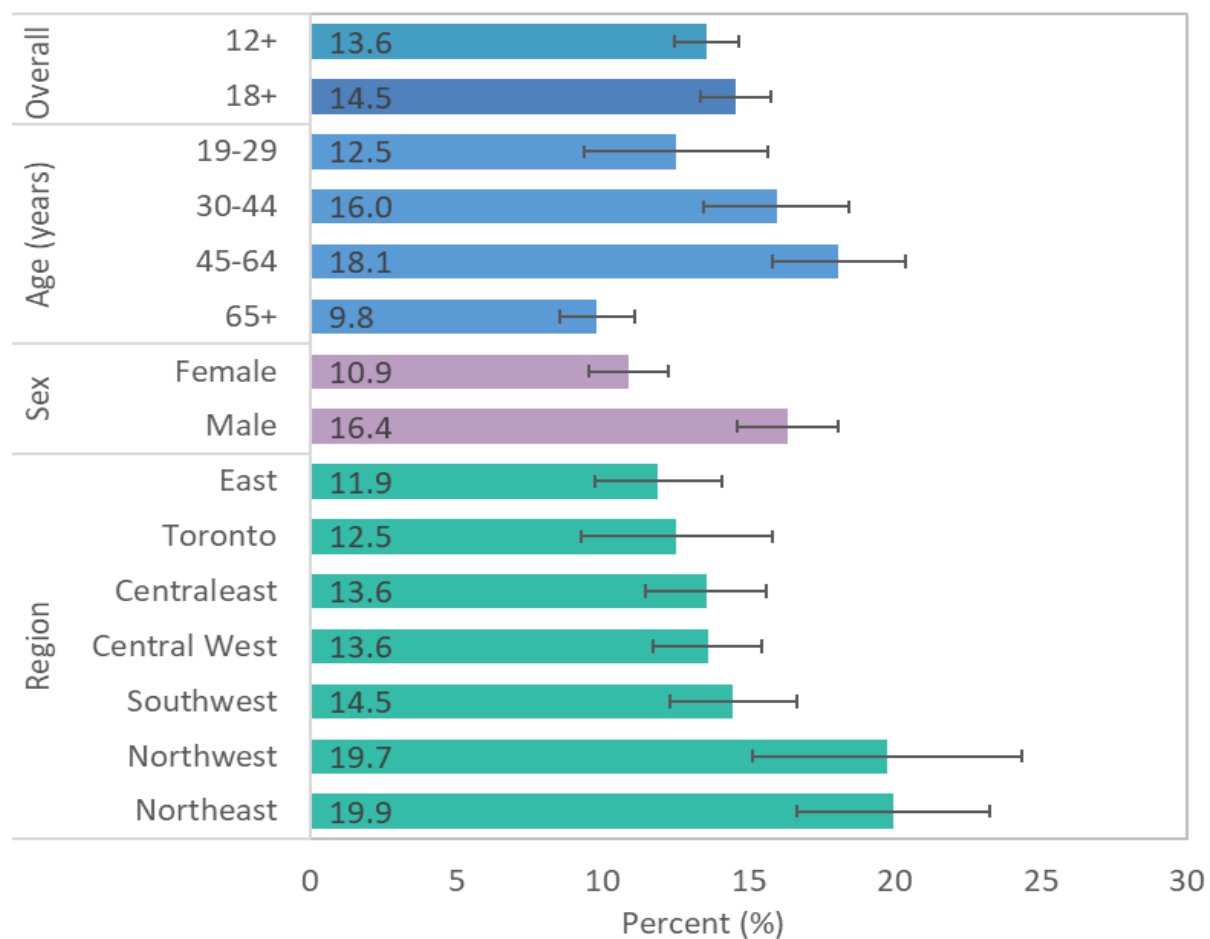
Note: Any tobacco use includes use of cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. [▽] = Interpret with caution: subject to high sampling variability.

Figure 16: Tobacco Use (Past 30 Days), Ontario, Ages 12+, 2015 to 2021



Note: Tobacco use was defined as use of cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. Data on all tobacco products were unavailable for 2019 and 2020.

Figure 17: Tobacco Use (Past 30 Days), by Age, Sex, and Region, Ontario, 12+, 2021

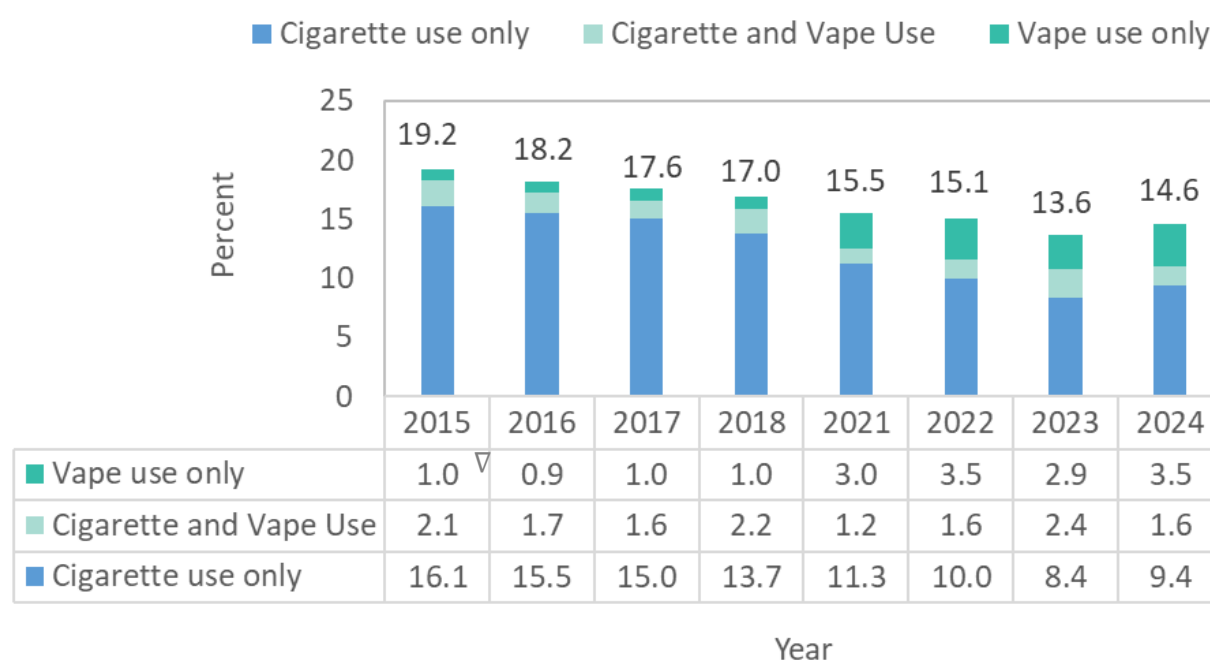


Note: Prevalence of tobacco use among youth aged 12 to 18 is too unreliable and has therefore been excluded.

Exclusive and Concurrent Use of Cigarettes and Vaping Products

- Past 30-day exclusive use of cigarettes, vape products, and concurrent use is shown among adults for 2015–2018 and 2021–2024; estimates for 2019 and 2020 are not available as data were not collected in Ontario ([Figure 18](#)).
- In 2024, 14.6% (95% CI: 13.4 to 15.8) of adults aged 18 and older reported past 30-day use of cigarettes or vaping products. Concurrent use of cigarettes and vape products in the past 30 days (1.6%; 95% CI: 1.2 to 2.1) was significantly lower than exclusive use of vape products (3.5%; 95% CI: 2.9 to 4.2) and cigarettes (9.4%; 95% CI: 8.5 to 10.3).
- Vaping increased the overall prevalence of nicotine use by approximately 2.9 to 3.5 percentage points among adults in Ontario over the 2022 to 2024 period, compared with estimates based on cigarette use alone. The measure of vaping does not differentiate between nicotine-containing and non-nicotine products. However, most vaping products in Canada contain nicotine.²⁰

Figure 18: Vape and Cigarette Use (Past 30 Days), Ontario, Ages 18+, 2015-2018 and 2021- 2024



Note: Years 2019 and 2020 are excluded from the figure because data on vaping use were not available.

[▽] = Interpret with caution: subject to high sampling variability. Due to methodological and content changes to the CCHS in 2022, caution is warranted when comparing data from earlier cycles with data from 2022 onward.

Discussion

This report documents substantial declines in cigarette use in Ontario between 2015 and 2021 and presents projections of future prevalence to 2035 based on observed trends. At the population level, these findings indicate continued progress toward Canada's federal tobacco use target of less than 5% by 2035. However, declines were not uniform across the population, and important differences were observed across demographic, socioeconomic, and health-related groups.

A central finding of this analysis is that smoking prevalence declined across most population groups, yet higher prevalence persisted among several groups, including individuals with lower educational attainment, certain occupational groups, adults who are living with a common-law partner, divorced, or separated, residents of northern regions, and adults with mood disorders. These findings indicate that population-level declines reflect uneven reductions across the population, with some groups continuing to experience disproportionately higher levels of cigarette use.¹⁶⁻¹⁸ Consequently, aggregate reductions in smoking prevalence may not fully reflect how progress is distributed across population groups, underscoring the importance of examining trends beyond population averages.

Observed declines during the study period occurred within a context of significant policy, demographic, and market-level change. Between 2015 and 2021, multiple tobacco control measures were implemented in Ontario and Canada, including the federal ban of menthol cigarettes, the introduction of plain and standardized packaging, expanded smoke-free policies, increases in tobacco taxation, and the introduction of CTS^{19, 11}. Over the same period, demographic and cohort-based dynamics, including population ageing, cohort replacement, and lower progression from experimental to established smoking among youth, also shaped observed trends.²⁰

During this period, the nicotine use environment has evolved, with increased availability and use of nicotine products, particularly among younger populations. Some evidence suggests that declines in cigarette smoking became more pronounced following the widespread availability of vaping products in Canada.^{21,22} However, nicotine products are not without risk. Vaping products and nicotine pouches deliver addictive nicotine and may lead to dependence among people who do not currently use tobacco, and are associated with cardiovascular effects, exposure to harmful chemicals, and uncertain long-term health outcomes.^{23,24} Although excluded from the federal tobacco use target, their growing use complicates interpretation of declining cigarette prevalence and signals a broader shift from tobacco use toward nicotine exposure. In Ontario, vaping alone contributes an estimated 3.5% to overall nicotine use among adults. Among youth, 11.1% of students in grades 7 to 12 reported vaping in the past 30 days (2023), while nicotine pouch use was reported by 1% of adults (2024).^{25,26} Together, these patterns highlight the importance of monitoring nicotine use comprehensively to fully understand evolving population-level risks.

Taken together, these policy, demographic, behavioural, and market-level factors provide essential context for interpreting observed declines in cigarette use. Projections presented in this report describe potential future trajectories based on recent patterns and may be impacted by ongoing changes in tobacco control policy, social norms, economic conditions, and the nicotine marketplace.

Strengths and Limitations

This report has several strengths. It uses population level survey data to quantify the rate of change in cigarette use over time and to estimate projected prevalence for Ontario overall and is the first to present subpopulation projections for the province. Analyses include the overall Ontario population aged 12 years and older to capture population-level risk beyond adults alone and are based on the most recent period of comparable data, without major methodological changes. The inclusion of confidence intervals supports appropriate interpretation of uncertainty, particularly for subgroup specific estimates.

Several limitations should be considered when interpreting these findings. Due to the lack of continuous, comparable trend data for other tobacco and nicotine products across the study period, this report focuses on cigarette use; as a result, concurrent changes in the use of other tobacco or nicotine products are not fully captured. In 2021, cigarettes accounted for approximately 85% of overall tobacco use in Ontario, and 2024 estimates among adults suggest little change in this pattern, with cigarette prevalence at 11.2% compared with 13.3% for overall tobacco use.²⁵ This suggests that use of other tobacco and nicotine products may still meaningfully influence future patterns of use.

The analysis is based on repeated cross-sectional, self-reported data. This limits the ability to assess individual-level changes over time, including smoking initiation, cessation, and relapse. Self-reported measures may also underestimate absolute prevalence; however, trends over time remain informative if reporting bias is relatively consistent.

Key structural or social disadvantages that shape tobacco use were not fully captured. Income is a well-established predictor of disparities in tobacco use, but income data were not consistently available across survey years and therefore could not be included in the analyses, which may limit characterization of socioeconomic gradients. In addition, the analyses do not examine the intersection of multiple sociodemographic characteristics, which limits understanding of how overlapping social positions may compound disparities in cigarette use.

Estimates for some population groups had smaller sample sizes resulting in greater uncertainty and limiting inference about changes over time. In these cases, non-significant findings should not be interpreted as evidence of no change.

Finally, projections are based on about seven years of observed data (2015–2021) and extend to 2035, requiring assumptions that recent patterns will continue over a longer period. These estimates should therefore be interpreted as conditional projections rather than precise forecasts. The modelling approach is based on trends over time and does not account for population growth, demographic change, or cohort effects. Projected estimates should also be interpreted alongside the AAPC with caution, as they capture different aspects of change over time; in particular, projections reflect overall modelled trends and may not align with the magnitude or direction of the AAPC, especially when trends are non-linear or vary across the study period. As a result, the projections may not fully capture cohort replacement, cohort-related changes in smoking over time, or broader shifts in population composition, including migration and changes in age structure.

Implications for Monitoring and Public Health Practice

The findings in this report indicate that Ontario has made substantial progress in reducing cigarette use, demonstrating continued movement toward the federal target set out in CTS. Persistent differences across population groups indicate that declines observed at the population level do not fully reflect how reductions in cigarette use are distributed across the province, with some groups continuing to experience disproportionately higher prevalence despite overall progress. Assessing progress toward the CTS target therefore requires attention to subgroup-specific patterns and persistent inequities. Interpretation of these findings should also consider the broader context in which trends are occurring. Changes in the tobacco control environment, such as evolving policies and emergence of new nicotine products (e.g., nicotine pouches), may influence future use patterns and introduce additional uncertainty into projected prevalence estimates.

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Appendix A

Indicator Definitions and Measures

Tobacco and Nicotine Use Indicators

- **Cigar use:** Respondents who report use of any cigars other than little cigars or cigarillos at least once in the past 30 days.
- **Cigarette use:** Respondents who report use of cigarettes daily or at least once in the past 30 days.
- **Cigarillos use:** Respondents who report use of any little cigars or cigarillos at least once in the past 30 days.
- **Pipe use:** Respondents who report use of pipe at least once in the past 30 days.
- **Smokeless use:** Respondents who report use of any chewing tobacco, pinch or snuff at least once in the past 30 days.
- **Tobacco use:** Respondents who report use of cigarettes, cigarillos, cigars, waterpipe, pipe, or smokeless tobacco at least once in the past 30 days. Note: Nicotine products, such as vaping products and nicotine pouches, are excluded from this measure.
- **Vape use:** Respondents who report use of an electronic cigarette or vaping device in the past 30 days.
- **Waterpipe use:** Respondents who report use of any tobacco water-pipe, also known as a hookah, shisha, nargeelay, hubble-bubble or gouza to at least once in the past 30 days.

Subpopulations

- **Age:** Respondent's age at the time of the survey was categorized as 12–18, 19–29, 30–44, 45–64, and 65 years and older.
- **Educational attainment:** Highest level of education attained (less than secondary school graduation; secondary school graduation, no post-secondary education; or post-secondary certificate/diploma or university degree).
- **House ownership:** The respondent's dwelling is classified as rented, even if no cash rent is paid, and as owned by a household member, even if payments are still being made.
- **Immigrant :** Immigrants include landed-immigrants and non-permanent residents. Respondents who declared being born in Canada are considered non-immigrant.
- **Indigenous identity:** Respondent reported being an Indigenous person (First Nations, Métis, Inuk/Inuit). Residents of Indigenous reserves are excluded from the CCHS, therefore the respondents reflect people living off reserve.

- **Marital Status:** Marital status (married; living with a common-law partner; widowed; separated; divorced; single, and never married).
- **Mood Disorder:** Respondent reported mood disorder such as depression, bipolar disorder, mania or dysthymia
- **No family doctor:** Respondent has regular family doctor or general practitioner.
- **Occupation:** Respondent's occupational group, according to the National Occupational Classification 2016 (Management occupations; Business, finance and administration occupations; Natural and applied sciences and related occupations; Health occupations; Occupations in education, law and social, community and government services; Occupations in art, culture, recreation and sport; Sales and service occupations; Trades, transport and equipment operators and related occupations; Natural resources, agriculture and related production occupations; and Occupations in manufacturing and utilities).
- **Sex:** Respondent's sex at birth was categorized as male or female.
- **Sexual orientation:** Refers to respondent's sexual interest or attraction. Respondents were classified as heterosexual or LGB+ if identified as gay or lesbian, bisexual or pansexual, or other.
- **Region:** Respondent's public health unit grouped by major geographic region:
 - **Northwest:** Northwestern Health Unit, Thunder Bay District Health Unit.
 - **Northeast:** Algoma Public Health, North Bay and Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, Timiskaming Health Unit.
 - **Southwest:** Huron Perth Public Health, Grey Bruce Health Unit, Chatham-Kent Public Health, Lambton Public Health, Middlesex-London Health Unit, Windsor-Essex County Health Unit, Southwestern Public Health .
 - **Central West:** Brant County Health Unit, Haldimand-Norfolk Health Units, Halton Region Public Health, City of Hamilton Public Health Services, Niagara Region Public Health, Region of Waterloo Public Health and Emergency Services, Wellington-Dufferin-Guelph Public Health.
 - **Toronto:** Toronto Public Health.
 - **Central East:** Durham Region Health Department, Haliburton, Kawartha, Pine Ridge District Health Unit, Peel Public Health, Peterborough Public Health, Simcoe Muskoka District Health Unit, York Region Public Health.
 - **East:** Eastern Ontario Health Unit, Hastings Prince Edward Public Health, Kingston, Frontenac and Lennox & Addington Public Health, Leeds, Grenville & Lanark District Health Unit, Ottawa Public Health, Renfrew County and District Health Unit.

Appendix B

Table B1: Average Annual Percent Change (AAPC) in Cigarette Use Prevalence by Demographic, Socioeconomic, and Health Characteristics, Ontario, 2015–2021

Characteristics	Average Annual Percent Change (AAPC)	(95% CI)
Overall		
12+ year olds	-6.3	(-8.0, -4.5)
18+ year olds	-6.1	(-7.8, -4.3)
Sex		
Female	-6.5	(-8.9, -4.2)
Male	-6.2	(-8.4, -3.9)
Age (years)		
12–18	-32.2	(-41.9, -23.3)
19–29	-10.9	(-15.5, -6.8)
30–44	-6.5	(-9.7, -3.1)
45–64	-4.4	(-7.1, -1.9)
65+	-0.9	(-4.3, 2.8)
Females by Age		
19–29	-12	(-19.2, -4.7)
30–44	-6.3	(-11.4, -1.5)
45–64	-5	(-8.6, -1.4)
65+	-1.9	(-6.3, 2.8)
Males by Age		
19–29	-10.3	(-16.0, -4.5)
30–44	-6.7	(-10.9, -2.0)
45–64	-4	(-7.4, -0.5)
65+	0.2	(-5.1, 6.1)
Region		
Central East	-4.7	(-8.0, -1.5)
Central West	-7.2	(-9.9, -4.4)
East	-7.7	(-11.5, -3.8)
Northeast	-4.1	(-7.7, -0.5)
Northwest	-3.2	(-8.8, 2.2)
Southwest	-6.9	(-9.9, -3.9)
Toronto	-7.6	(-13.4, -2.0)
Indigenous Identity (18+)		
Indigenous	-8.6	(-13.5, -3.2)
Non-Indigenous	-6.8	(-8.6, -5.2)

Characteristics	Average Annual Percent Change (AAPC)	(95% CI)
Sexual Orientation (18+)		
Heterosexual	-6.2	(-8.0, -4.5)
LGB+	-11.4	(-18.1, -4.0)
Education (18+)		
Less than secondary	-5.9	(-9.4, -2.1)
Secondary school graduation	-4.5	(-7.3, -1.6)
Post-secondary education	-6.1	(-8.5, -3.7)
Immigrant Status (18+)		
Immigrant	-3.9	(-8.0, 0.3)
Non-immigrant	-6.8	(-8.4, -5.2)
Marital Status (18+)		
Married	-5.2	(-8.0, -2.5)
Living common-law	-7.6	(-11.8, -3.6)
Widowed	-5.1	(-10.6, 0.3)
Separated	0	(-6.3, 6.5)
Divorced	-5.2	(-9.8, -1.0)
Single	-8	(-10.9, -4.8)
Occupation (18+)		
Management	-3	(-11.2, 4.2)
Business & administration	-8.6	(-13.2, -3.6)
Natural & applied sciences	0.3	(-10.9, 11.2)
Health	-6.9	(-14.8, 1.7)
Education, law & government	-1.4	(-9.7, 6.3)
Arts, culture & recreation	-6.5	(-20.8, 8.9)
Sales & service	-8.1	(-12.2, -3.5)
Trades & transport	-3.6	(-8.0, 0.6)
Natural resources & agriculture	-6	(-16.6, 4.7)
Manufacturing & utilities	2.4	(-4.2, 10.2)
Access to Primary Care Provider (18+)		
Yes	-6.3	(-8.0, -4.5)
No	-6.5	(-10.6, -2.4)
Mood Disorder (18+)		
Yes	-6.7	(-10.0, -3.6)
No	-6.4	(-8.3, -4.5)
Housing Tenure (18+)		
Owned	-5	(-7.0, -2.8)
Rented	-8	(-10.5, -5.4)

Appendix C

Table C1: Projected Prevalence in Cigarette Use in 2035 by Demographic, Socioeconomic, and Health Characteristic, Ontario, 2015–2021

Characteristics	Projected Prevalence in 2035	(95% CI)
Overall		
12+ year olds	4.2	(3.2, 5.4)
18+ year olds	4.6	(3.5, 5.9)
Sex		
Female	3.3	(2.5, 4.3)
Male	5.1	(3.9, 6.6)
Age (years)		
12–18	0.7	(0.5, 0.9)
19–29	4	(2.9, 5.3)
30–44	4.5	(3.4, 5.9)
45–64	4.6	(3.5, 6.1)
65+	2	(1.5, 2.7)
Females by Age (years)		
19–29	2.9	(2.1, 4.0)
30–44	3.3	(2.5, 4.4)
45–64	3.7	(2.7, 4.9)
65+	1.8	(1.3, 2.3)
Males by Age (years)		
19–29	4.9	(3.6, 6.6)
30–44	5.6	(4.2, 7.5)
45–64	5.6	(4.1, 7.2)
65+	2.3	(1.7, 3.0)
Region		
Central East	3.9	(3.0, 5.1)
Central West	4.7	(3.6, 6.1)
East	4.4	(3.4, 5.7)
Northeast	6.8	(5.3, 8.6)
Northwest	6.5	(5.0, 8.5)
Southwest	5.1	(4.0, 6.6)
Toronto	3.7	(2.8, 4.9)
Indigenous Identity (18+)		
Indigenous	6.4	(3.0, 11.7)
Non-Indigenous	2.9	(1.3, 5.4)

Characteristics	Projected Prevalence in 2035	(95% CI)
Sexual Orientation (18+)		
Heterosexual	3.4	(1.5, 6.6)
LGB+	5.3	(2.5, 10.1)
Education (18+)		
Less than secondary	8.1	(5.8, 10.8)
Secondary school graduation	6.6	(4.7, 8.9)
Post-secondary education	3.8	(2.7, 5.1)
Immigrant status (18+)		
Immigrant	3.3	(2.4, 4.4)
Non-immigrant	5.8	(4.3, 7.7)
Marital status (18+)		
Married	4.1	(2.8, 5.7)
Living common-law	10	(7.0, 13.7)
Widowed	4.3	(2.9, 6.0)
Separated	11.1	(7.5, 15.6)
Divorced	9.8	(6.9, 13.5)
Single	7.7	(5.4, 10.6)
Occupation (18+)		
Management	5.4	(3.2, 8.2)
Business & administration	5.4	(3.4, 8.0)
Natural & applied sciences	3.2	(2.0, 4.9)
Health	3.5	(2.1, 5.2)
Education, law & government	2.9	(1.7, 4.3)
Art, culture, & recreation	4	(2.3, 6.1)
Sales & service	7.2	(4.6, 10.5)
Trades & transport	11.2	(7.3, 16.2)
Natural resources & agriculture	10	(6.2, 15.1)
Manufacturing & utilities	9.3	(5.7, 13.8)
Access to primary care (18+)		
Yes	3.2	(2.0, 5.0)
No	5.3	(3.2, 8.2)
Mood disorder (18+)		
Yes	8.7	(6.0, 12.2)
No	3.8	(2.5, 5.4)
Housing tenure (18+)		
Owned	3.2	(2.2, 4.4)
Rented	6.6	(4.7, 8.9)

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