

## EXECUTIVE SUMMARY

# Tobacco Monitoring Report 2018

The Ontario Tobacco Monitoring Report 2018 provides an overview of the progress on comprehensive tobacco control in Ontario. It summarizes tobacco product<sup>i</sup> use and progress in tobacco control primarily over the 2017–18 fiscal year. It represents a transition from previous reports produced by the Ontario Tobacco Research Unit. A series of technical supplements containing additional pertinent information accompany this report.

There has been considerable progress in reducing the prevalence of current cigarette smoking in Ontario from 21% in 2003 to 15% in 2017 as tobacco control partners across Ontario have worked to address the comprehensive goals of protection, cessation and prevention. Despite these efforts, a significant number of Ontarians (2.2 million) still use tobacco and the use of new alternative forms of tobacco is increasing. This includes the emergence of e-cigarettes, which deliver nicotine, the addictive substance in tobacco. E-cigarettes are addressed in a dedicated section of this report.

Tobacco use is the leading preventable cause of premature death in Ontario with 16,000 deaths attributed to tobacco use each year.<sup>1</sup> Further, in 2018, the economic burden attributable to tobacco use in terms of direct and indirect costs was estimated at almost \$7.0 billion in Ontario.<sup>2</sup>

## Tobacco Use

- In 2017, 18% of Ontarians aged 12 years or over reported past 30-day use of tobacco products (not including e-cigarettes) representing 2,196,200 Ontarians. This has decreased significantly<sup>ii</sup> from 2015 (20%). Inclusion of past month vaping of e-cigarettes increases the overall prevalence of tobacco use to 19%.
- Cigarettes were the most common form of tobacco product used. In 2017, 15% of Ontarians aged 12 years and over reported current smoking compared to 16% in 2015.
- In 2017, there were high rates of cigarette smoking among a number of important sub-populations 18 years or over. For example, high rates of current smoking<sup>iii</sup> were reported among those who used illicit drugs (including cannabis) in the past year (36%), reported food insecurity (33%), had a household income of less than \$20,000 (31%), were unemployed (31%)<sup>IC</sup>,

<sup>i</sup> Unless otherwise stated, ‘tobacco products’ include: cigarettes, cigars, pipes, snuff or chewing tobacco, waterpipe, and e-cigarettes.

<sup>ii</sup> Statistical testing was performed, with p<0.05 as the cut-off for significance. This indicates the observed difference is unlikely due to chance.

<sup>iii</sup> Current smoking is defined as smoked in the past 30 days and having smoked 100 cigarettes in one’s lifetime.

<sup>IC</sup> Interpret with Caution (IC): Subject to high sampling variability.

Indigenous (30%), or had a mood disorder (30%). The higher prevalence of smoking among these sub-populations is of concern from a health equity perspective.

- In 2017, half of all current smokers in Ontario (aged 15 and older) reported using an e-cigarette in their lifetime (53%). Among Ontario students in grades 7–12, 64% of past year cigarette smokers reported using an e-cigarette in the past year.
- In 2017, 49% of adult (aged 18 and older) current smokers reported using cannabis in the past year and 79% of past year cigarette smokers in grade 7–12 reported smoking cannabis. In 2016, 32% of adult cannabis users mixed cannabis with tobacco.

## Tobacco Product Supply and Demand

Reducing tobacco consumption is essential to improving the population's health and reducing health care costs. Strategies to reduce tobacco consumption include measures that impact the supply and demand for tobacco by addressing: price and taxation; illicit sales; production, distribution and sale of tobacco products (including in the retail environment); product and package innovation; and, promotional activities, among others. In 2017–18, new legislation banning menthol eliminated a strategy to make tobacco more palatable for smokers and was associated with increased cessation attempts.<sup>3,4</sup> At the same time, a variety of new tobacco products were introduced into the market with expanded product promotion through online channels such as social media, among other mechanisms. Importantly, the legalization of nicotine-containing vaping products in Canada has resulted in the introduction of many new electronic nicotine delivery system products into the Ontario market. In Ontario, vaping products are able to be advertised and promoted with product displays and in-store marketing.

## Infrastructure

Evidence shows that jurisdictions “that developed stronger program infrastructure to support the implementation of evidence-based strategies had lower cigarette consumption.”<sup>5</sup> In 2017–18, Ontario continued a system of enabling supports for comprehensive tobacco control that included: general support (in the form of research, monitoring and evaluation, surveillance, and technical assistance); capacity building and knowledge exchange; leadership (to foster collaboration at all levels of government and implement a strong plan or strategy); and work with Indigenous partners (to address high rates of tobacco use without impinging on the use of tobacco for ceremonial purposes). This was provided through a variety of stakeholders from government, academic, and non-governmental organizations working together to inform policies and deliver programs and services. In April 2018, Public Health Ontario (PHO) was asked to assume some of the functions and deliverables of five tobacco resource centres whose funding was discontinued.

## Interventions

To reduce tobacco use and optimize impact, comprehensive tobacco control pursues coordinated interventions to establish smoke-free (and aerosol-free) policies; to promote, encourage and assist smokers to quit smoking; and to prevent youth and young adults from initiating tobacco product use. In 2017–18, Ontario delivered comprehensive tobacco control interventions across the pillars of prevention, cessation and protection to reduce tobacco use.

### Prevention

Policies and programs to prevent initiation of tobacco product use among youth and young adults focus on limiting social exposure, decreasing access and availability, increasing knowledge of the harmful effects, and increasing the ability to resist tobacco and e-cigarette use and initiation. In 2017–18, Ontario province-wide prevention programming included Leave The Pack Behind (LTPB), a program in post-secondary institutions to prevent tobacco use initiation and escalation, and the Smoke-Free Movies Campaign, among others.

- In 2017, 21% of Ontarians aged 18–29 years reported using tobacco products (excluding e-cigarettes) in the past 30 days, representing 470,600 young adults. 6% of the same age group reported e-cigarette use in the past 30 days, representing 125,400 young adults.
- In 2017, 7% of Ontarians aged 12–18 years reported using tobacco products (excluding e-cigarettes) in the past 30 days, representing 73,700 youth. 4%<sup>IC</sup> of the same age group reported e-cigarette use in the past 30 days, representing 38,500 youth.
- For young adults, cigarettes were the most common form of tobacco product used with 15% of young adults as current smokers. For youth aged 12-18, 4%<sup>IC</sup> reported smoking cigarettes in the past 30 days.
- In 2017, lifetime abstinence among grades 7-12 was 84%, a significant increase compared to 2013 at 80%, and only 5% of students in grades 7-12 reported using a cigarette; however, 14% (102,900 students) reported using an e-cigarette for the first time in the past year.

### Protection

Exposure to secondhand tobacco smoke is causally linked to cancers and cardiovascular diseases among adults, and respiratory diseases and other adverse health effects among infants, children and adults.<sup>6</sup> The *Smoke-Free Ontario Act, 2017* (SFOA 2017) protects non-smokers, reduces smokers' exposure to tobacco use, and prevents relapse among quitters. In Ontario, smoking is banned in enclosed public places, workplaces, hospitality venues, in vehicles with an occupant less than 16 years old, within nine metres of restaurant and bar patios, and within 20 metres of school property, publicly-owned outdoor playgrounds, publicly-owned sporting areas, and community recreational facility grounds. The SFOA 2017 also applies to e-cigarettes, prohibiting their use where smoking is prohibited. Additional restrictions may exist via municipal by-laws.

In 2017, 84% of Ontarians believed that exposure to secondhand smoke posed a moderate or great risk of physical or other harm. Furthermore, 82% of Ontario adults believed that smoking should not be allowed in multi-unit housing (MUH).

Reported exposures of Ontarians to secondhand smoke and vaping varies by setting and age:

- In 2017, 9%<sup>IC</sup> of adult workers were exposed to secondhand smoke indoors at work or inside a workplace vehicle.
- In 2016,<sup>iv</sup> 16% of non-smokers in Ontario reported exposure to secondhand smoke every day or almost every day in public places (bars, shopping malls, and arenas) and youth aged 12-15 years reported a higher rate of exposure at 26%; 4% of non-smoking Ontarians 12 years and older were exposed to secondhand smoke in their home every day or almost every day; and, 14%<sup>IC</sup> of Ontario adults living in MUH were exposed to secondhand smoke.
- In 2017, 9% of households in Ontario allowed the use of e-cigarettes inside their homes and 1%<sup>IC</sup> of households reported one or more person(s) vaping inside the home every day or almost every day.

## Cessation

A main objective of tobacco control efforts is to increase the proportion of smokers who successfully quit smoking. Tobacco cessation interventions motivate, encourage and provide support to help people to successfully quit.

- In 2017, 58% of adult smokers (aged 18 years or older) intended to quit in the next six months; 25% in the next 30 days.
- In 2017, 47% of adult smokers reported making one or more quit attempts in the past year.
- In 2017, 59% of Ontarians aged 12 years or older who had ever smoked had quit for at least 30 days and among all former smokers in Ontario, 4%<sup>IC</sup> had quit less than one year ago, 17% had quit one to five years ago, and 79% had quit more than five years ago.

In 2017–18, provincial cessation support services included the Ottawa Model for Smoking Cessation®, the Smoking Treatment for Ontario Patients Program, Smokers' Helpline, LTPB, the Ontario Drug Benefit program, the First Week Challenge Contest, and smoking cessation services delivered by family physicians and public health units. These programs reached up to 20% of Ontario smokers in 2017–18, representing 348,884 smokers.

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<sup>iv</sup> The data was not available for 2017.

## E-Cigarettes

While cigarette smoking continues to be the main focus of tobacco control, there is a need to pay attention to the emergence of nicotine-containing products such as electronic cigarettes (e-cigarettes).

- Data for 2017, which predate many of the recent changes in the Ontario e-cigarette marketplace, still show a significant increase in lifetime use of e-cigarettes among those aged 15 years and older, compared to 2013 data. Lifetime use of e-cigarettes in 2017 was 13% compared to 6% in 2013. Past 30-day vaping was 6% for those 18–29 years of age and 3% among those 12 years of age and older in 2017.
- In 2017, lifetime use of e-cigarettes among secondary school students in Ontario has doubled from 2013 (15%) to 2017 (29%) and past year use of e-cigarettes was significantly higher compared to tobacco cigarettes (24% vs. 16%). Past 30-day vaping was 4%<sup>IC</sup> in 2017 for Ontario youth aged 12–18.

Overall, increases in the use of e-cigarettes among young people, which increasingly contain high levels of nicotine, are concerning. While long term health effects of e-cigarette use are still uncertain, current evidence suggests e-cigarette use is not without physiological effects in humans, and can also result in nicotine dependence in youth and young adults.<sup>7,8</sup> There is substantial evidence to suggest that for youth and young adults, e-cigarette use increases the risk of smoking.<sup>8</sup>

## Conclusion

The main body of the 2018 Tobacco Monitoring Report provides a more detailed description of comprehensive tobacco control in Ontario. This includes tobacco product use data and trends using the most recent data available and a summary of efforts to address tobacco product supply and demand. In addition, the latest evidence and activity in Ontario for tobacco control program infrastructure, programs and interventions in cessation, prevention and protection at local and provincial levels are highlighted. However, the tobacco control context is rapidly changing with the emergence and promotion of nicotine-containing e-cigarettes and the legalization of cannabis, which can be co-used with tobacco. The 2018 Tobacco Monitoring Report provides insights into these important tobacco-related developments in Ontario. In this dynamic environment, there will be a greater need to monitor tobacco product use to provide feedback on existing efforts and inform future activities. PHO assumed production of the tobacco monitoring report as of April 2018. PHO will seek feedback from users of this report to inform its continuous improvement.

## References

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