

FOCUS ON

HealthSTATS



Tobacco use among adults in Simcoe Muskoka

The Simcoe Muskoka District Health Unit works in the community to reduce tobacco use, and ultimately the diseases and deaths associated with it. It does this by adopting a comprehensive approach that incorporates tobacco prevention, cessation and protection.

Tobacco use is the leading cause of preventable illness, disability and premature death in Canada.^{1,2,3,4} Across the country it is responsible for more than 47,000 deaths annually, of which 16,000 are Ontarians⁵ including 700 residents of Simcoe Muskoka.

Tobacco use increases the risk of tobacco-related illness and death^{6,7} which includes lung cancer, heart disease, chronic lung disease, stroke and other cancers.⁸

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In Simcoe Muskoka:

- Lung cancer incidence and death rates are higher than the provincial average⁹
- Ischemic heart disease death rate is higher than the provincial average¹⁰
- Bronchitis and emphysema hospitalization rates are higher than the provincial average¹¹

In 2005, 22% (confidence interval: 21.6%, 22.9%) of Ontario adults (20+ years) identified themselves as current smokers, of which 17% (16.6%, 17.8 %) reported smoking daily.¹²

The percentage of current smokers in Simcoe Muskoka residents in this age group (20+) was higher. One in four, or 25% (22.3%, 28.3%) of adults (20+ years) reported they smoked, including 22% (19.3 %, 25.2 %) who smoked daily.



simcoe muskoka
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A portrait of adults who smoke in Simcoe Muskoka

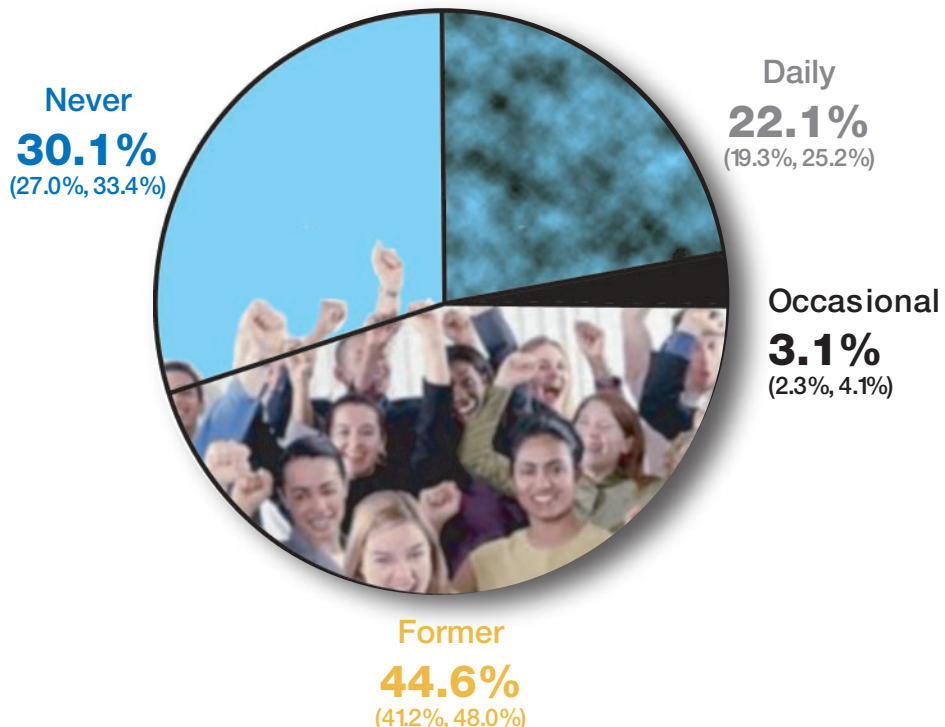
In 2005, those who reported smoking in Simcoe Muskoka (20+ years) were equally divided between men and women. While the percentage of male smokers was consistent with provincial statistics (25% locally vs. 25% provincially), Simcoe Muskoka had a higher percentage of female smokers than the province (25% locally vs. 19% provincially), thus pushing the overall smoking rate above the provincial rate.

In the adult population, smoking rates decreased as age increased. In 2005, 31% (27%, 36%) of adults 20-44 years reported that they currently smoked. The rate dropped to 23% (18%, 29%) among 45-64 year olds, and fell by more than half again to 13% (9.5%, 17.6%) among seniors 65 years and older.

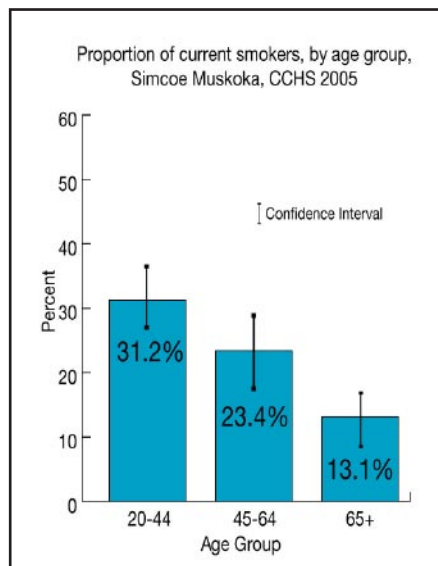
Level of education also plays a significant role in smoking rates with smoking levels dropping as education levels increase.

In 2005, 45% (35.4%, 54.4%) of Simcoe Muskoka adults 20-44 years old who had some high school education or completed high school smoked, compared with 25% (20.2%, 29.7%) of those with a post-secondary education (trades certificate, college or university).

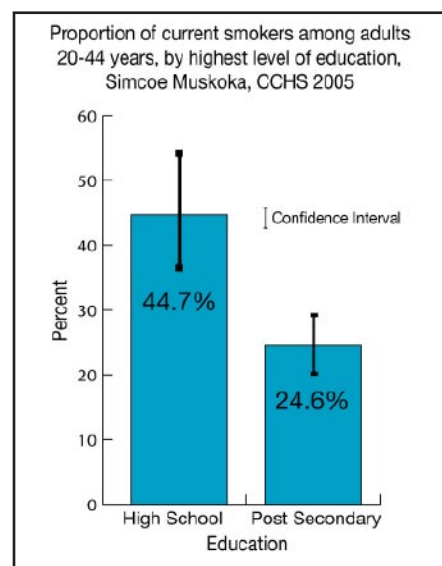
Smoking Status of Simcoe Muskoka Adults Ages 20+, CCHS 2005



Status by Age Grouping



Status by Education



Prevention

Current research shows that most people (85%) who smoke take up the habit before the age of 19 years.¹³ Therefore, helping support youth to stay tobacco-free is paramount to ensuring the next generation does not grow up to smoke.

One important component of prevention is to keep tobacco out of the hands of children. Under the Smoke-Free Ontario Act (SFOA) it is illegal to sell or supply tobacco to anyone under the age of 19 years.

This legislation is supported by Simcoe Muskoka residents as reflected in ongoing surveying undertaken on behalf of the health unit. Data collected in the January-October 2006 period of the Rapid Risk Factor Surveillance Survey (RRFSS) of adults (18+ years) show 86% (84.0%, 88.3%) support the use of underage test shoppers to check if stores will sell cigarettes to minors (under 19 years old).¹⁴

Stores that are found to be selling to youth under 19 years are charged and fined under the SFOA. Outlets that are repeat offenders can have a prohibition order imposed that bans the store from selling tobacco products for a six-month period.

Health unit tobacco enforcement staff spent the greater part of 2006 educating tobacco retailers about their responsibility under the new Smoke-Free Ontario Act. After implementing test shopping with 505 vendors between September-December 2006, it was found that 91% of tobacco retailers were in compliance with the new SFOA. Of the total tested, 41 vendors were given warnings and seven charges were laid.¹⁵

Another important prevention strategy is to reduce the ability of the tobacco industry to market its products. Between January-October 2006, RRFSS data show that 67% (64.4%, 70.2%) of those surveyed support banning the display of cigarettes or other tobacco products in stores.

Store tobacco displays, often referred to as powerwalls for their marketing ability to sell products, are among the remaining venues tobacco companies have to market tobacco to all age groups. However, as of May 2008, the SFOA requires all tobacco products to be kept out of sight.

From January to December 2006, Health Connection (the health unit's phone and electronic source for information) responded to:

- 145 calls about adult tobacco cessation
- 416 calls about tobacco legislation¹⁶

Smoking is responsible for 85% of all new cases of lung cancer.¹⁷

In 2003, 342 Simcoe Muskoka residents were diagnosed with lung cancer.¹⁸



Protection

Exposure to secondhand smoke causes about 425 deaths in Ontario annually.¹⁹ The goal of tobacco use protection is to safeguard people from the health hazards associated with breathing secondhand smoke. Under the SFOA, smoking is now prohibited in all workplaces and public places in Ontario.

This law protects workers, patrons and the general public, including our most vulnerable populations, from having to breathe the carcinogens released through tobacco smoke.



Where the legislation stops is at the doors of private homes and cars. Inside homes and cars it is up to adults and caregivers to protect their families and friends from secondhand smoke.

Nearly one in three homes in Simcoe Muskoka allows smoking. The 2005 Canadian Community Health Survey (CCHS) results show 27% (24.5%, 30.0%) of Simcoe Muskoka residents (12+ years) reported that their home was not smoke free.

Among non-smokers, 18% (15.8%, 21.1%) reported that their home was not smoke free.

Non-smoking youth (12-19 years) made up the largest proportion of non-smokers reporting exposure to secondhand smoke at home at 32% (23.3%, 41.1%).



In cars and other private vehicles, 9% (6.9%, 10.8%) of Simcoe Muskoka non-smokers (12+ years) reported that in the past month they were exposed to secondhand smoke either daily or almost every-day. Again, youth 12-19 years made up the largest group being exposed to secondhand smoke in vehicles at 22% (14.9%, 30.5%).

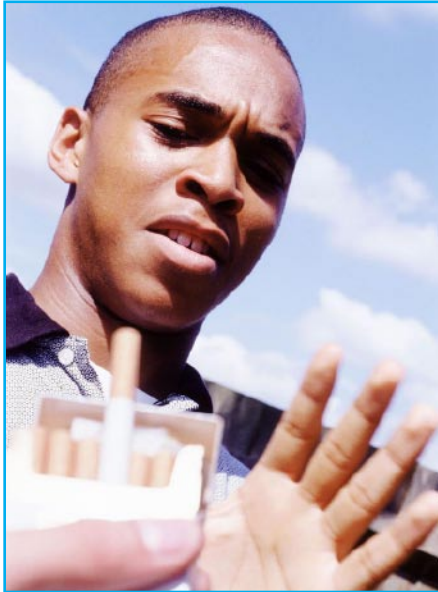
Unborn children are also vulnerable to secondhand smoke exposure. Education is important to help pregnant women protect their unborn children from secondhand smoke. Smoking during pregnancy has been linked to low birthweight and Sudden Infant Death Syndrome (SIDS).²⁰ Other conditions thought to be

linked to exposure to secondhand smoke include miscarriages and an adverse impact on cognition and behaviour in children.²¹



According to the 2005 CCHS, 10% (8.9%, 11.8%) of recent mothers in Ontario between the ages of 15-55 years reported smoking during their last pregnancy. Although still high, this number is much better than 2001, when 14% (12.3%, 15.9%) of recent mothers reported smoking during their last pregnancy. The Simcoe Muskoka rates were not significantly different from the provincial rate.

Even if they were not the ones smoking, 11% (9.7%, 12.8%) of all recent mothers in Ontario reported that someone regularly smoked in their presence during their pregnancy or about six months after the pregnancy. This was an improvement from 2001, when 19% (16.8%, 20.8%) reported being exposed to secondhand smoke during their pregnancy or shortly after. Again the Simcoe Muskoka rates were not significantly different from the provincial rates.



Cessation

It is often said that it is much easier to start smoking than it is to quit. But, with practice and support, quitting is achievable. There are now more former smokers in Ontario and Simcoe Muskoka than there are current smokers. In fact, in 2005, 45% (41.2%, 48.0%) of Simcoe Muskoka adults (20+) considered themselves to be former smokers compared to 25% (22.3%, 28.3%) that currently smoke. RRFSS data collected between January–October 2006 showed that 61% (54.7%, 67.4%) of those currently smoking in Simcoe Muskoka said they were considering quitting smoking within the next six months.

This research is supported by the level of participation in such cessation initiatives as the provincial quit smoking contest held every year. In 2005, 25,863 Ontarians who smoked daily (ages 19+) entered the contest. Almost 10% (2,229) of these people were from the Simcoe Muskoka area.

Help for quitting

Although there is no easy way to beat a tobacco addiction, there are products and tools that can help. According to the Ontario Medical Association (OMA) report, “Investing in Tobacco Control” (2003),²² smoking cessation tools help to almost double the rate of those quitting smoking. The report recommends that the provincial government consider subsidizing the cost of nicotine replacement therapy, which includes the patch, gum, inhaler and pharmaceuticals.

Other self-help supports:

Your Health Connection

www.simcoemuskokahealth.org

Call the Simcoe Muskoka District Health Unit at 1-877-721-7520 to talk to a public health nurse about tobacco cessation, support and resources, or visit the web site for more information.

Smokers' Helpline

www.smokershelpline.ca

Call toll-free at 1-877-513-5333 to reach this Canadian Cancer Society bilingual service. It offers callers free information, advice and support from trained Quit Specialists. It is also helpful for people who want to help someone quit.

e-Quit

www.gosmokefree.ca

An online email support system provided by Health Canada. Sign up and you will get an email each day for eight weeks to support you through the entire quitting process. In a survey of nearly 300 subscribers, 74% of those who completed the program stopped smoking.

Get on Track

A self-help manual available from the Lung Association provides common sense advice on how to get ready to quit, what to do when you're quitting, and how to stay a non-smoker after



you've quit. Call 1-800-972-2636 to receive the manual.

Talk to a health professional

Talk to your family doctor or pharmacist about nicotine replacement therapy products, such as the patch, gum or pharmaceuticals that are available to help you quit smoking.

Data Sources

The Canadian Community Health Survey (CCHS)

CCHS Cycle 3.1 was conducted by Statistics Canada to provide cross-sectional (at one point in time) estimates of the factors that influence the health of the population, health status of the population and use of the health system by the population for 126 health regions across Canada. The CCHS Cycle 3.1 (2005) Sharing File –Ontario Sample consisted of 39,486 respondents, aged 12 and over. Respondents were randomly selected, one per household. The target population of the CCHS includes household residents in all provinces and territories, with the exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas.

The Rapid Risk Factor Surveillance System (RRFSS)

RRFSS is an ongoing monthly telephone survey that occurs in various public health units across Ontario. Every month, a random sample of 100 adults aged 18 years and older in each participating health unit area is interviewed regarding awareness, knowledge, attitudes and behaviours about topics and issues of importance to public health. These can include: smoking, sun safety, use of bike helmets, water testing in private wells, air quality, etc. The telephone survey is conducted by the Institute for Social Research at York University on behalf of the Simcoe Muskoka District Health Unit.

Definitions

Daily smoker – smokes at least one cigarette per day

Occasional smoker – smokes cigarettes occasionally, but not every day

Former smoker – smoked daily or occasionally before but is now a non-smoker

Never smoker – never smoked, not even a whole cigarette

Current smoker – includes both daily and occasional smokers

95% confidence interval – indicates the interval or range within which the true population percentage probably lies. The reason for using confidence intervals is due to the uncertainty, or sampling error, associated with using results obtained from a sample to draw conclusions about the entire population from which the sample was drawn. The confidence interval (in our case, a 95% confidence interval) can also be interpreted as being 95% likely to include the percentage value we would have obtained if we had studied every member of the target population. For example, our report states that the percentage of adults who report smoking was 25% (22.3%-28.3%), which means that there is a 95% chance that the actual or true percentage of adults in the population of Simcoe Muskoka who currently smokes falls between 22.3% and 28.3%. Smaller confidence intervals imply greater precision, or less sampling error.

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