

Tobacco Use & Chronic Disease

Tobacco use is the number one cause of preventable disease and death in Ontario, killing over 13,000 Ontarians every year (Ontario Ministry of Health Promotion, 2010). Others will suffer from years of reduced quality of life by developing some form of chronic disease. The primary forms of tobacco use are cigarettes, cigars, cigarillos, pipes, and smokeless tobacco. Exposure to second-hand smoke is also a significant health hazard (Cancer Care Ontario, 2002; U.S. D.H.H.S., 2006). Only by reducing the demand for tobacco products can the number of deaths and associated illnesses be decreased.

Health Related Consequences

Smoking is responsible for about 30% of all cancer deaths in Canada (Ontario Tobacco Research Unit, 2005). It is estimated that tobacco use contributes to approximately 13,000 deaths in Ontario each year (Ministry of Health Promotion, 2010). Lung cancer is the most common cause of cancer death in both men and women and is mainly caused by smoking tobacco (Canadian Cancer Society's Steering Committee, 2009). Tobacco use is also a risk factor for strokes and fatal heart attacks (World Health Organization, 2008); 16% of all ischemic heart disease deaths and 76% of chronic obstructive pulmonary disease deaths are caused by smoking (Cancer Care Ontario, 2002). Moreover, second-hand smoke is a health hazard associated with heart disease, cancer and premature death in non-smoking adults (Ontario Tobacco Research Unit, 2007).

Prevalence

In Ontario, smoking rates have declined significantly between 2003 and 2005. However, these rates have begun to level off in recent years. According to the Canadian Tobacco Use Monitoring Survey (CTUMS), in 2008, 17% of Ontario's population (aged 15 or older) were smokers. Furthermore, in 2005, it was estimated that 13.1% of the Ontario population were regularly exposed to second-hand smoke in public places, an improvement from 18% in 2003 (Shields, 2007).

Cost

Tobacco-related diseases cost the Ontario economy \$1.6 billion in direct health care costs, resulting in \$4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year (Ministry of Health Promotion, 2010).

Reason for Action

Ontario is still well below funding levels recommended by the US Institute of Medicine (Ontario Tobacco Research Unit, 2009). Substantial and stable government funding is necessary if tobacco control strategies are to be effective in reducing tobacco-related illness and death (Ontario Tobacco Research Unit, 2010). Ontario has seen a slight decrease in smoking rates between 2003 and 2007. However, these rates have levelled off in recent years (Ontario Tobacco Research Unit, 2009). With this, efforts must be continued to reduce tobacco usage among individuals. This can be accomplished by further strengthening research, capacity building, policy and program development, surveillance and monitoring, evaluation and the identification of best practices, and support for knowledge exchange, communications and advocacy activities.