



THE ONTARIO
TOBACCO
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SUR LE TABAC
DE L'ONTARIO

Generating knowledge for public health

Smoke-Free Ontario Strategy Monitoring Report:

Tobacco and Alternative Products



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Introduction

The long-term goal of the Smoke-Free Ontario (SFO) Strategy is to reduce the morbidity and mortality caused by tobacco use. The burden of tobacco is large. Each year, tobacco claims 13,224 lives in Ontario.¹ Based on 2009 dollars, direct costs to health care due to tobacco was \$1.93 billion, with a further \$5.8 billion attributed to indirect costs (productivity lost due to illness and premature death in Ontario).² Overall, tobacco costs represent 42.4% of total substance abuse costs.¹

Reducing the overall use of tobacco is one of the main outcome objectives of the SFO Strategy. In recent years, Ontario has set a specific goal of having the lowest rate of smoking in Canada.³ In addition to smoking cigarettes, Ontarians use a variety of other tobacco products—including cigars, pipes, snuff and chewing tobacco—as well as e-cigarettes and waterpipe shisha, both of which may contain nicotine. With recent announcements at the federal level that cannabis could soon be legalised, the prevalence of this product is of growing interest. This chapter reports on each of these substances.

Overall Tobacco Use

- According to the 2014ⁱ Canadian Community Health Survey (CCHS), 19.6% of Ontario respondents aged 12 years or over reported current use of tobacco in the previous 30 days (the measure of tobacco includes cigarettes, cigars, pipes, snuff or chewing tobacco; it excludes e-cigarettes and waterpipes because these were not measured in CCHS 2014). This represents 2,268,300 tobacco users (CCHS 2014). This rate is significantly lower than that reported in 2010, when the rate was 22.1% (or 2,465,400 users).
- Among Ontarians 19 years of age or older, 20.9% (or 2,186,400) used some form of tobacco in the previous 30 days (CCHS 2014, data not shown), significantly lower than that reported in 2010 (23.6%, or 2,354,300 users).
- In 2014, 17% of Ontarians aged 12 years or over smoked cigarettes,ⁱⁱ 3.8% smoked cigars, 0.8% smoked pipes, 0.6% used chewing tobacco and 0.1% (marginal estimate, interpret with caution) used snuff (CCHS 2014; Note: these estimates include co-use and so do not sum to total tobacco use, or 19.6%; to facilitate comparison, use is restricted to only past 30 days, which is different from the way that current smoking is reported in other sections of this report).

Cigarette Use

Reducing the prevalence of cigarette smoking is central to the Smoke-Free Ontario Strategy. One indicator that underscores progress toward this goal is current smoking, which we define as having smoked in the past 30 days and having smoked 100 cigarettes in one's lifetime.

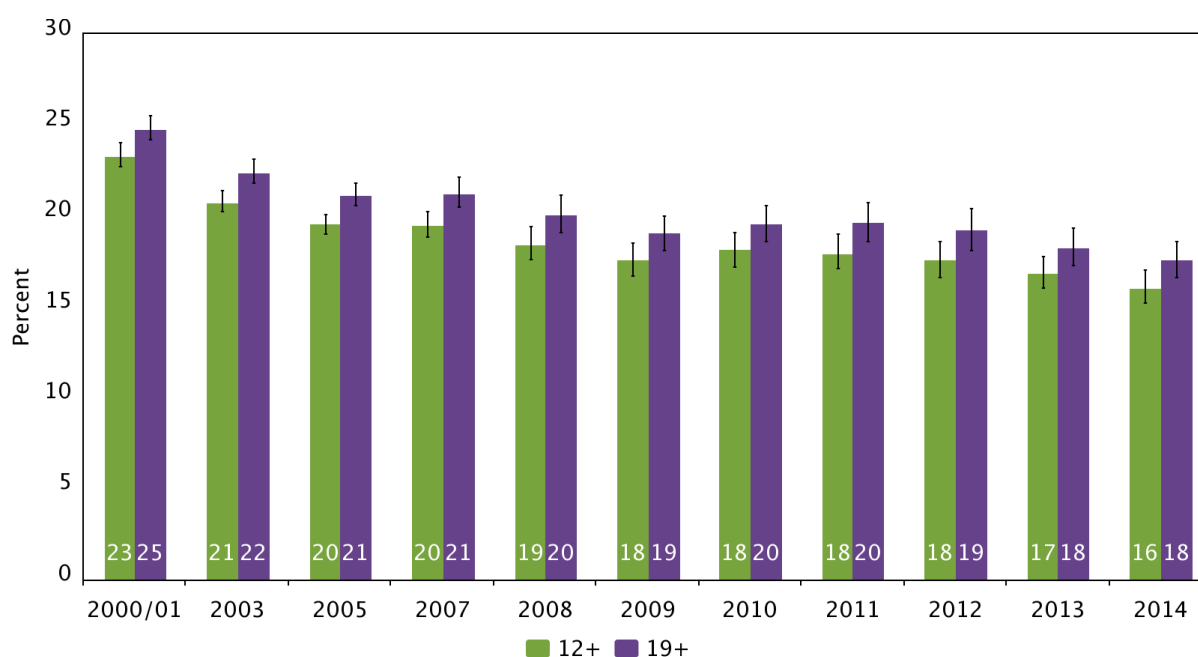
- In 2014, 16.1% of Ontarians aged 12 years or over were current smokers, representing 1,889,000 users. This is a 2.1 percentage point decrease (statistically significant) over the five-year period starting in 2010 (18.2% or 2,043,700 users) (CCHS 2014; Figure 2-1).

ⁱ The 2015 Canadian Community Health Survey was unexpectedly delayed and was not available when this report was released.

ⁱⁱ In the Overall Tobacco Use section, "cigarette use" includes having smoked in the past 30 days but does not include having smoked 100 cigarettes in one's lifetime because lifetime quantity is not measured for the other forms of tobacco listed. In other sections of this report, we report current smoking as 16% (from CCHS 2014), which reflects past 30-day use and having smoked 100 cigarettes in one's lifetime.

- In 2014, 17.6% of Ontarians (1,859,000 users) 19 years of age (the legal age to be sold cigarettes) or older were current smokers, a significant reduction over that reported in 2010 (19.6% or 1,979,700 users) (CCHS 2014; Figure 2-1).
- In 2014, among Ontarians 12 years and older, 20% of males (or 1,167,800) and 12% of females (or 721,200) were current smokers. Among those 19 years of age or older, 22% of males (or 1,147,100) and 13% of females (or 711,900) smoked regularly (data not shown).
- In 2015, 10,380,708,260 cigarettes were sold in Ontario (wholesale sales data) compared to 10,939,627,031 cigarettes sold in the previous five-year benchmark year of 2011,⁴ a relative decline of 5.1%. (Note: Annual sales data may be influenced by wholesale shipment dates).
- In 2015, menthol cigarettes comprised 4.2% of all cigarette wholesale sales.

Figure 2-1: Current Smoking (Past 30 Days), Ages 12+ and 19+, Ontario, 2000/01 to 2014



Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) is not uniform—interpret with caution. [Full data table for this graph provided in the Appendix \(Table 2A-1\)](#)

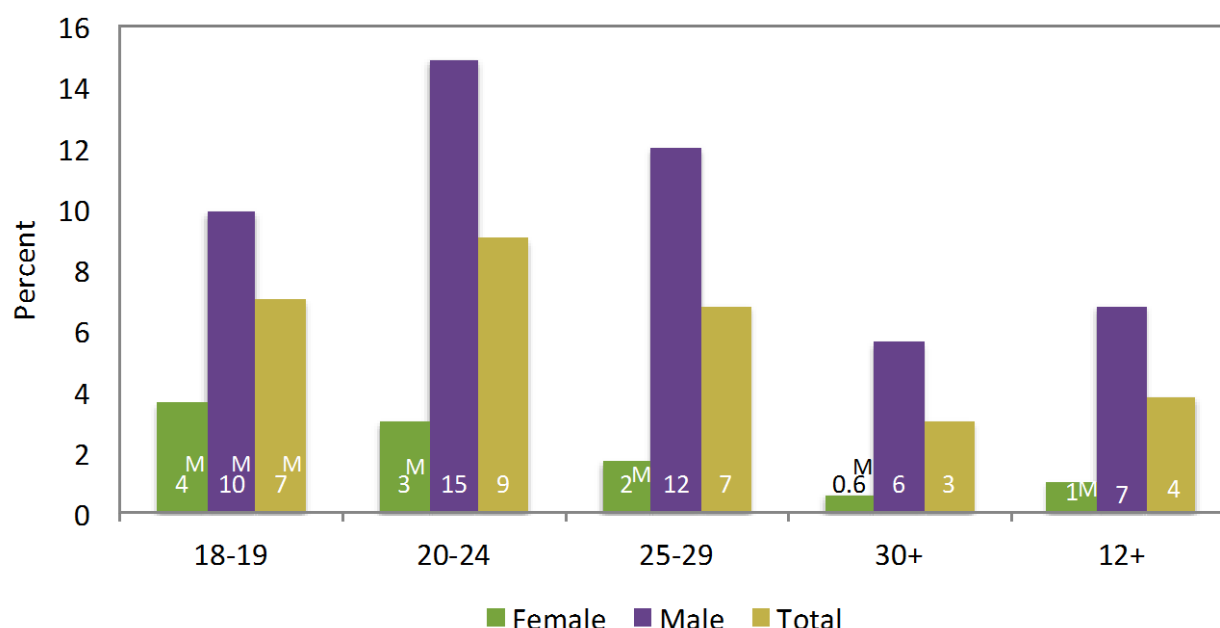
Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Cigar Use

- In 2014, 3.8% of Ontarians aged 12 years and over (or 444,200 people) had smoked cigarsⁱⁱⁱ in the past 30 days, making cigars the second-most prevalent form of tobacco use after cigarettes, not including e-cigarettes and waterpipes (CCHS 2014). The 2014 rate of 3.8% was significantly lower than that observed in 2010 at 5.2% (data not shown).
- In 2014, past 30-day cigar use was significantly higher among males compared to females: 6.8% (or 385,500) of all males aged 12 years and over had smoked cigars in the past 30 days compared to 1% (or 58,800) of females (CCHS 2014; Figure 2-2).
- Young adult males had a significantly higher rate of past 30-day cigar use compared to females (CCHS 2014; Figure 2-2).
- In 2015, Ontario wholesale sales of the total cigar category (little cigars/cigarillos and cigars) relatively fell 4.6% from 2011 sales (146,853,259 in 2011 vs. 140,090,699 in 2015).^{iv} (Note: Annual sales data may be influenced by wholesale shipment dates). In 2015, little cigars/cigarillos comprised 8.7% of all cigar sales.^{iv}
- In 2015, 82.6% of the Ontario cigar market was flavoured cigars, with menthol comprising 4.15% of all cigar sales.^{iv}
- On May 28, 2015, Bill 45 (the Making Healthier Choices Act) received Royal Assent. This Bill prohibits the sale of flavoured tobacco at retail stores in the province, with exceptions. Specifically, regulations consolidated on November 13, 2015 (and in effect as of January 2016) mandated that the Act does not apply to flavouring agents in cigars that impart a flavour or aroma of wine, port, whiskey or rum; nor does it apply to the flavour or aroma of menthol, a regulation that will be revoked in January 1, 2017 thus prohibiting menthol as a flavouring agent.⁵

ⁱⁱⁱ These data are from the 2014 Canadian Community Health Survey and are from a question that asks about past 30-day cigar smoking (cigarillo use was not explicitly asked). It is not known whether respondents who smoked cigarillos responded to this question by answering “Yes” or “No”. The reported prevalence estimates of cigar use might be an underestimate of all cigar/cigarillo use.

^{iv} Health Canada, Personal Communication, December 7, 2016.

Figure 2-2: Cigar Use (Past 30 Days), by Age and Sex, Ontario, 2014

M = Marginal. Interpret with caution: subject to moderate sampling variability.

Source: Canadian Community Health Survey 2014.

Note: [Full data table for this graph provided in the Appendix \(Table 2A-2\).](#)

Smokeless Tobacco Use

- According to CCHS 2014, less than one per cent (0.6%) of Ontarians aged 12 years and over (or 73,800) used chewing tobacco in the past month. This included 0.5% of adults 19 years and older (or 54,000) and 1.8% of youth aged 12 to 18 years old (or 19,800) (Note: both these age estimates are marginal data quality, interpret with caution). Use of snuff results were suppressed due to high sampling variability.
- The overall volume of wholesale sales in smokeless tobacco is low (Table 2-1), with 51,621 kg of sales in 2015.^{iv} In 2015, there was a 3% relative decrease in sales compared to 2014 (51,621 vs. 53,244, respectively). The 2015 sales were 12% relatively lower than the five-year benchmark of 2011 (51,621 in 2015 vs. 58,777 in 2011). (Note: Annual sales data may be influenced by wholesale shipment dates)
- In Ontario, recent legislation received Royal Assent on May 28, 2015 (Bill 45 the Making Healthier Choices Act, 2015) that banned the sale of flavoured smokeless products as of January 1, 2016, with a delayed implementation date for menthol-flavoured tobacco products of January 1, 2017.

Table 2-1: Smokeless Tobacco Sales (kg), Ontario 2007 to 2015

Year	Smokeless Tobacco Sales (kgs)
2007	52,253
2008	46,198
2009	52,328
2010	57,439
2011	58,777
2012	64,255
2013	61,826
2014	53,244
2015	51,621

Source: Health Canada.

Use of Other Alternative Products

Electronic Cigarettes

Electronic cigarettes or e-cigarettes—also known as vape pipes, hookah pens and e-hookahs—create an inhaled mist, simulating the act of smoking.

Adults

- Among adults 18 years and older, past 30-day use of e-cigarettes was 3%^v in 2015, unchanged from 2014 (CAMH Monitor 2014, 2015; data not shown).
- In 2015, past-year use of e-cigarettes among adults 18 years and over was 11%, a significant increase over that reported in 2013 (7%; CAMH Monitor, data not shown). This difference was particularly pronounced among 18 to 24 year olds (13% in 2013 vs. 33% in 2015; see Figure 2-3). At 33%, young adults aged 18 to 24 had a significantly higher rate of past-year use of e-cigarettes than all other age groups (Figure 2-3).
- In 2015, lifetime use of e-cigarettes by adults aged 18 and over was 15%, which is not statistically different from that reported in 2014 (12.7%) but is higher than that reported for 2013 (8.7%; CAMH Monitor 2013-2015; data not shown).^{vi}
- In 2015, lifetime use of e-cigarettes differed by age: 18 to 24 year olds (38%), 25 to 44 (19%), 45 to 64 (9%) and 65 and over (4%, see Figure 2-4).
- Among 18 to 24 year olds, lifetime use in 2015 (38%) significantly differed from 2013 (15%); among 25 to 44 year olds, lifetime use likewise differed over this period (11% in 2013 and 19% in 2015; see Figure 2-4).
- In Canada, e-cigarettes are not permitted to contain nicotine, yet available evidence suggests that a number of users obtain nicotine liquid for their e-cigarettes. In Ontario, 46% of past year adult users aged 18 and over vaped nicotine in their last e-cigarette (CAMH Monitor 2015, data not shown).

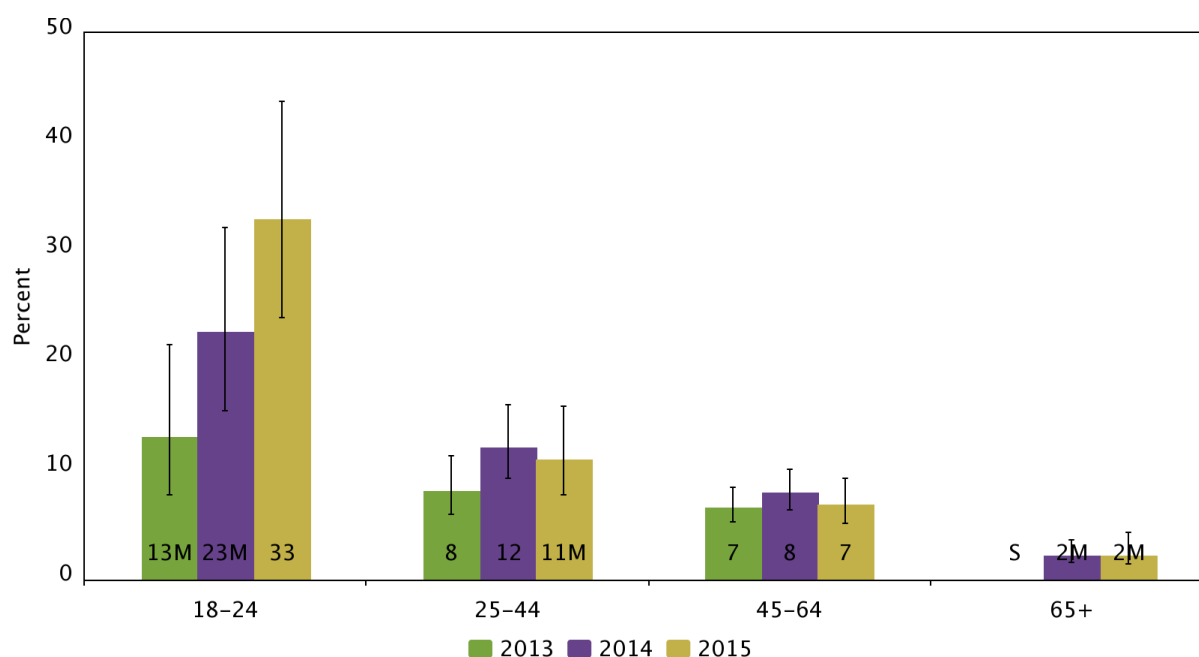
^v M = Marginal estimate in 2015. Interpret with caution: subject to moderate sampling variability.

^{vi} E-cigarette use was not asked in our benchmark year of 2011.

Youth

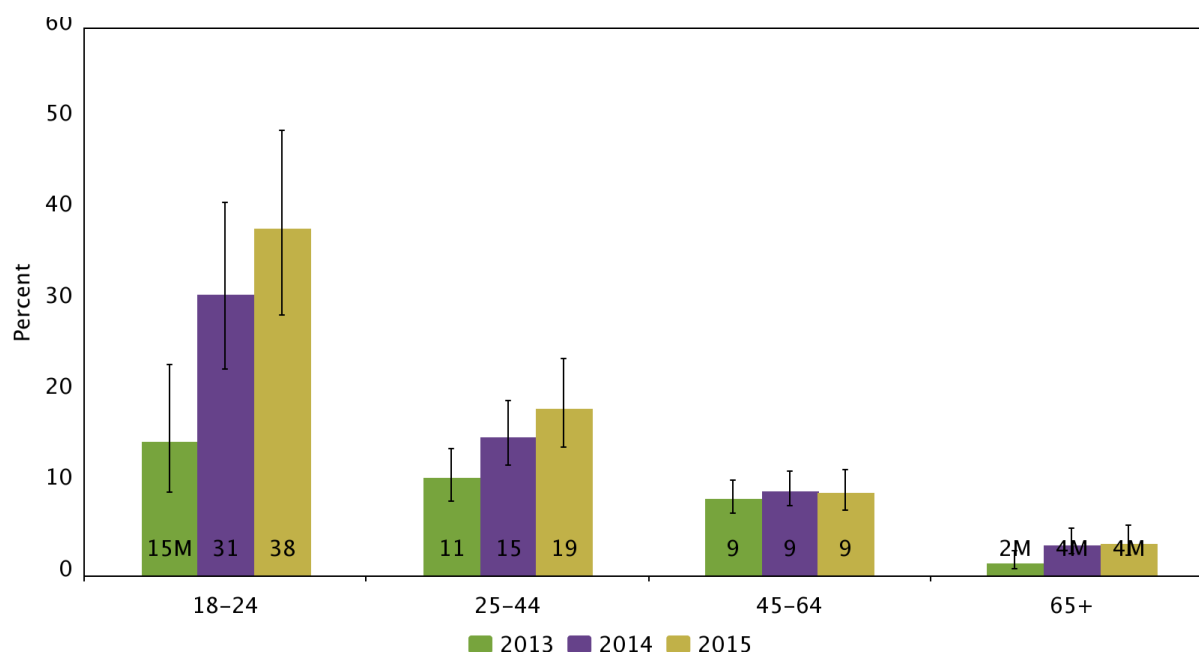
- In 2015, 19% of students in grades 7 to 12 had used e-cigarettes in the past year. Among all past-year users, 6% had used e-cigarettes every day, and 19% of past-year users had used e-cigarettes in the past month (OSDUHS, 2015; data not shown). In 2015, 23% had ever used e-cigarettes.
- Among students in grades 7 to 12, 14% of past-year users vaped e-cigarettes with nicotine, 50% vaped without nicotine, 9% vaped e-cigarettes both ways (i.e., with and without nicotine) and 26% of student were not sure what kind of e-cigarette they vaped.

Figure 2-3: Past-Year Use of an E-Cigarette, by Age, Ontario, 2013 to 2015



Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. S=Suppressed. Results too unreliable to be published due to (unweighted) sample size less than 30 or coefficient of variation greater than 33.3% (extreme sampling variability). [Full data table for this graph provided in the Appendix \(Table 2A-3\).](#)

Source: Centre for Addiction and Mental Health Monitor 2013-2015.

Figure 2-4: Ever Use of an E-Cigarette, by Age, Ontario, 2013 to 2015

Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Full data table for this graph provided in the Appendix \(Table 2A-4\).](#)

Source: Centre for Addiction and Mental Health Monitor 2013-2015.

Waterpipe Use

A waterpipe—also known as hookah, narghile, or waterpipe shisha—is a device used to smoke flavoured tobacco as well as nontobacco herbal shisha. The tobacco or herbal ingredients (with or without added nicotine liquid) is heated by charcoal and a water-filled chamber cools the resulting smoke before it is inhaled through a hose and mouthpiece.

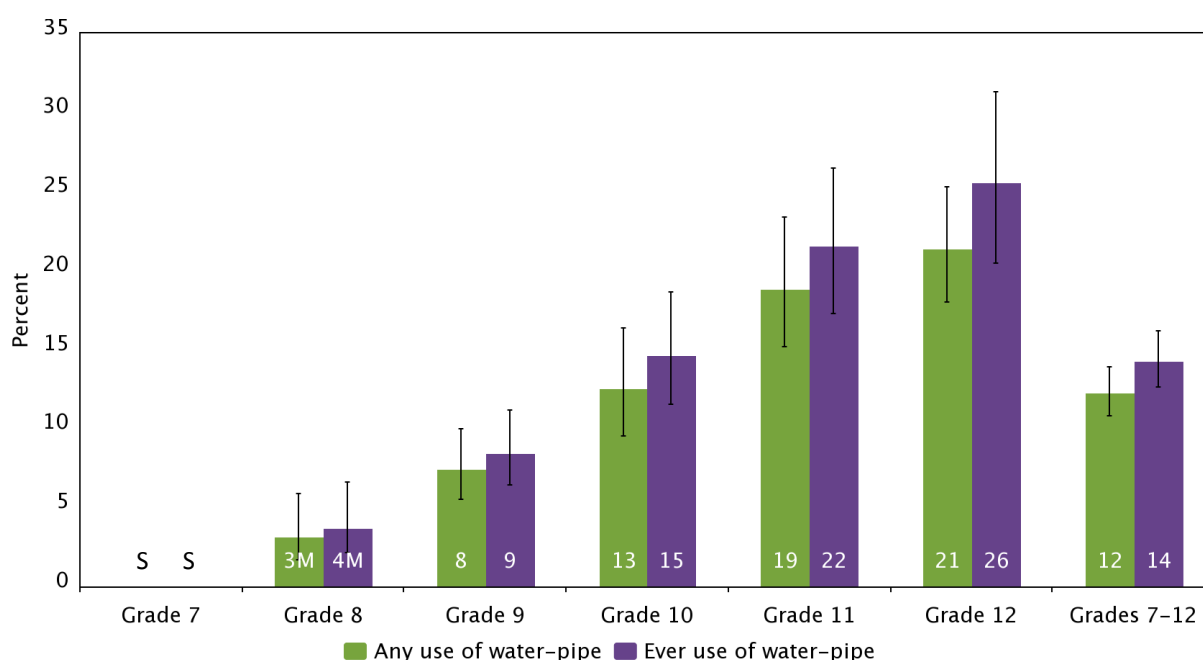
Adults

- In Ontario, 8% of respondents 15 years and older have ever tried a waterpipe to smoke tobacco (Canadian Tobacco, Alcohol and Drugs Survey [CTADS], 2013; data not shown).

Youth

- Among students in Grades 7 to 12 in 2015, 14% (132,400 students) had ever used a waterpipe. Prevalence of ever use varied by grade (Figure 2-5), with rates in Grades 8 and 9 significantly lower than that reported in Grades 10, 11 and 12.
- Among students in Grades 7 to 12, 12% (113,100 students) had used a waterpipe in the past year (including only a few puffs; Figure 2-5), with rates in Grades 8 and 9 significantly lower than that reported in Grades 11 and 12; and Grade 10 lower than that reported for Grade 12.
- Past-year use of waterpipe among students did not differ between 2013 and 2015 (12% vs. 12%).

Figure 2-5: Waterpipe Use, Past Year and Ever Use, by Grade, Ontario, 2015



S = data suppressed due to small sample sizes.

Note: [Full data table for this graph provided in the Appendix \(Table 2A-5\).](#)

Source: Ontario Student Drug Use and Health Survey 2015.

Cannabis Use

Cannabis is also known as marijuana, weed, pot, grass, hashish, hash and hash oil.

Adults

- Among adults aged 18 years or older, 45% have ever used cannabis (CAMH Monitor 2015, data not shown). Ever use of cannabis significantly differed by sex, with 39% of females and 52% of males having used cannabis. Ever use did not statistically differ among 18 to 24 year olds by sex (49% for females vs. 61% for males) but did differ for all other age groups: 25 to 44 (44% for females vs. 60% for males), 45 to 64 (44% for females vs. 53% for males) and 65 and older (18% for females vs. 28% for males).
- Among adults aged 18 years or older, 32% used cannabis in the past year (CAMH Monitor 2015, data not shown). Past-year use of cannabis significantly differed by sex, with 26% of females and 37% of males using cannabis.
- Among adults aged 18 years or older who were past year cannabis users, 31% used cannabis mixed with tobacco at the same time.
- Among adults aged 18 years or older, 1 in 4 (or 25%) used cannabis to manage pain in the past year; 3.5% of adults engaged in medically approved use of cannabis in the past year (CAMH Monitor 2015).

Youth

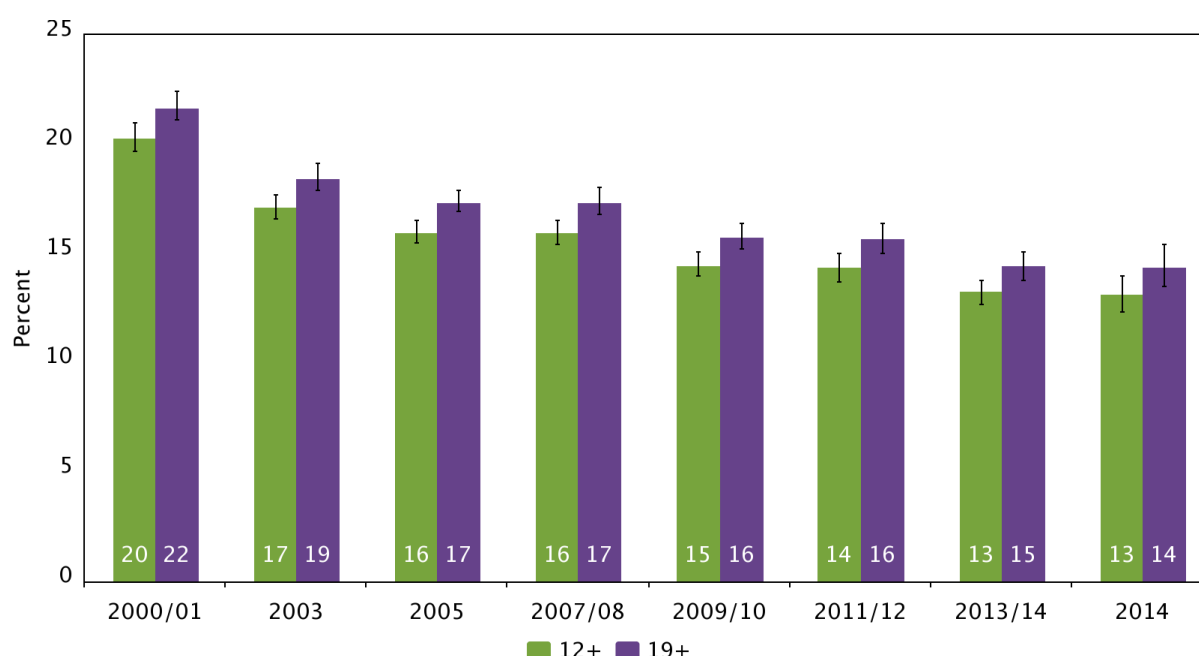
- Among students in grades 7 to 12, lifetime abstinence from cannabis was 76% in 2015 (among students in grades 9 to 12, it was 68%). Abstinence differed by grade: 99% in grade 7, 95% in grade 8, 88% in grade 9, 73% in grade 10, 61% in grade 11 and 58% in grade 12 (OSDUHS 2015). Only 15.5% of past-year cigarette smokers had a lifetime abstinence from cannabis compared to 86% of non-cigarette smokers.
- Among students in grades 7 to 12, 21% used cannabis in the past year (among students in grades 9 to 12, it was 28%; OSDUHS 2015). Reportable levels by grade include: 10% in grade 9, 25% in grade 10, 35% in grade 11 and 37% in grade 12.
- Among students in grades 7 to 12, 14% used cannabis during the past month (among grades 9 to 12, 18% used cannabis). Specifically, past month use of cannabis was 7% in grade 9, 15% in grade 10, 24% in grade 11 and 24% in grade 12 (OSDUHS 2015).

Patterns of Cigarette Use

Daily and Occasional Smoking (Past 30 Days)

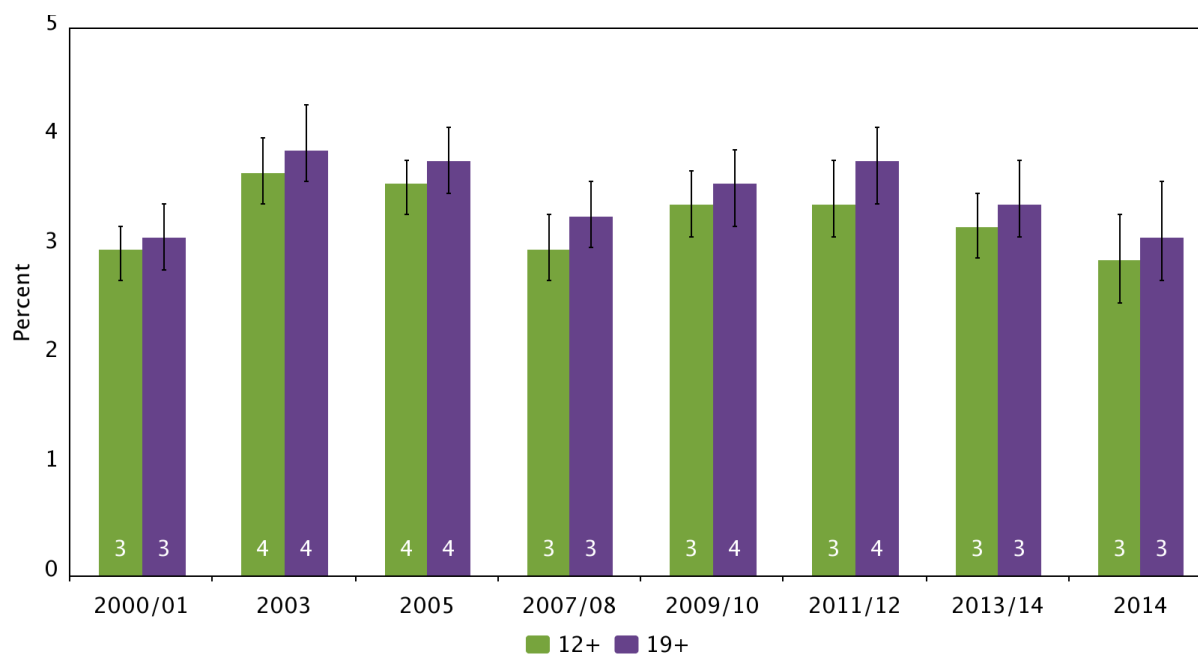
- In 2014, the prevalence of current smoking was 16% among Ontarians 12 years or older and 18% for those 19 years or older (CCHS 2014, Figure 2-1, above). Daily smoking was 13% and 14% respectively for these age groups (Figure 2-6), and past-month occasional smoking was 3% for both age groups (Figure 2-7).
- Over a 10-year period, the rate of daily smoking has significantly declined, but only by three percentage points (among 12+, 16% in 2005 vs. 13% in 2014, respectively; among 19+, 17% in 2005 vs. 14% in 2014, respectively; Figure 2-6). The rate of occasional smoking has remained unchanged in recent years (Figure 2-7).
- In 2014, 82% of all current smokers aged 12 years or older (and 19 years and older) were daily smokers (CCHS data; Figure 2-8), unchanged in recent years.

Figure 2-6: Daily Smoking, Ages 12+ and 19+, Ontario, 2000/01 to 2014



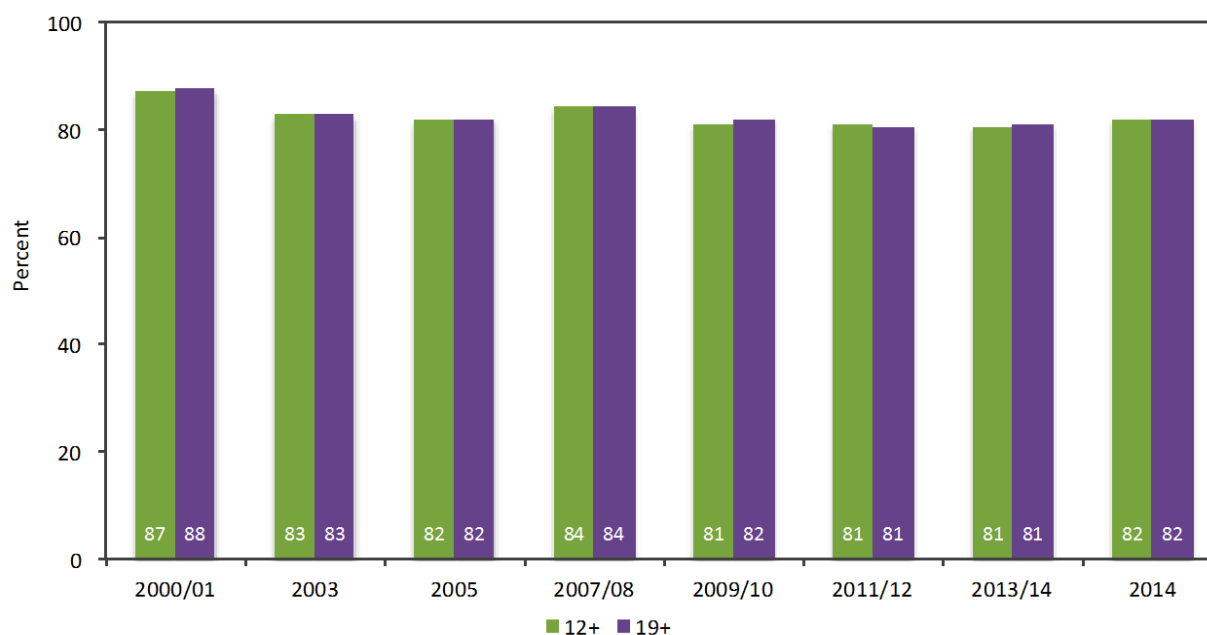
Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) is not uniform—interpret with caution. [Full data table for this graph provided in the Appendix \(Table 2A-6\).](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Figure 2-7: Occasional Smoking (Past 30 Days), Ages 12+ and 19+, Ontario, 2000/01 to 2014

Note: Vertical lines represent 95% confidence intervals. X-axis scale (Year) is not uniform—interpret with caution. [Full data table for this graph provided in the Appendix \(Table 2A-7\).](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Figure 2-8: Daily Smoking as a Proportion of Current Smoking, Ages 12+ and 19+, Ontario, 2000/01 to 2014

Note: X-axis scale (Year) is not uniform—interpret with caution. [Full data table for this graph provided in the Appendix \(Table 2A-8\).](#)

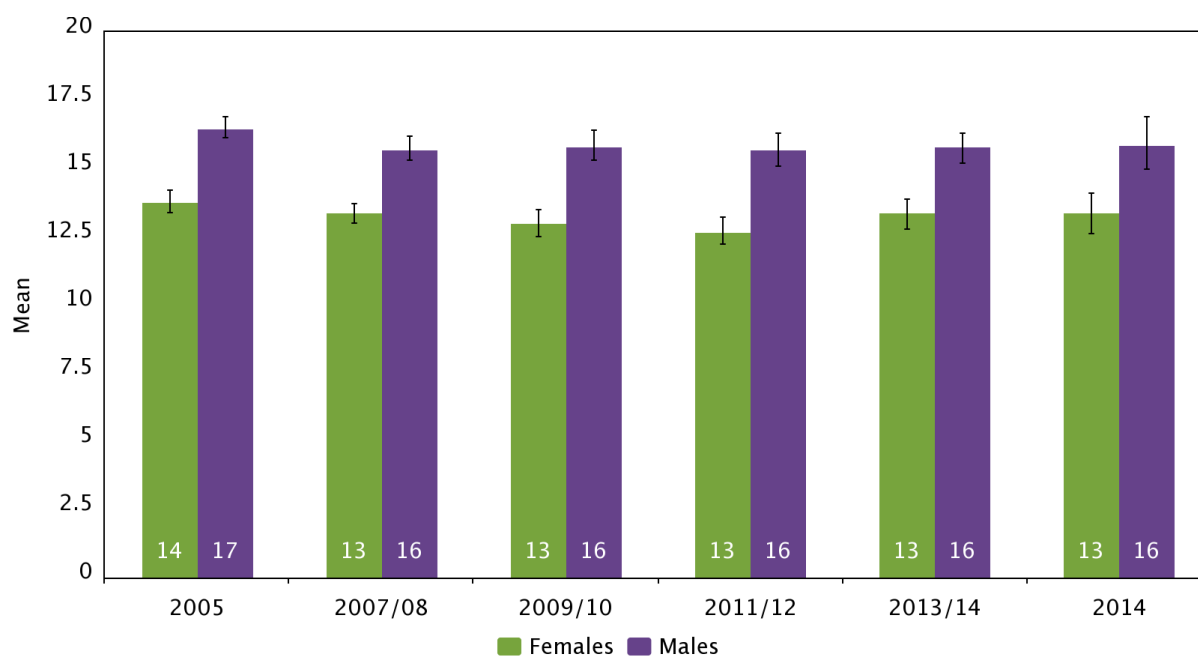
Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Level of Use: Cigarettes per Day

Change in the average number of cigarettes smoked (consumption) among current smokers is a commonly used indicator in tobacco control.

- In 2014, the mean number of cigarettes smoked per day by male daily smokers was 16 for those aged 12 years and over (and 19 years and over), a level that has remained unchanged in recent years (Figure 2-9, Note: Aged 12 and over). In contrast, female daily smokers of the same age used 13 cigarettes per day (for both age groups), also unchanged in recent years.
- Over the period 2005 to 2014, males consistently smoked significantly more cigarettes per day than females (Figure 2-9).

Figure 2-9: Mean Number of Cigarettes Smoked Daily (Daily Smokers), by Sex, Ages 12+, Ontario, Select Years, 2005 to 2014



Note: [Full data table for this graph provided in the Appendix \(Table 2A-9\).](#)

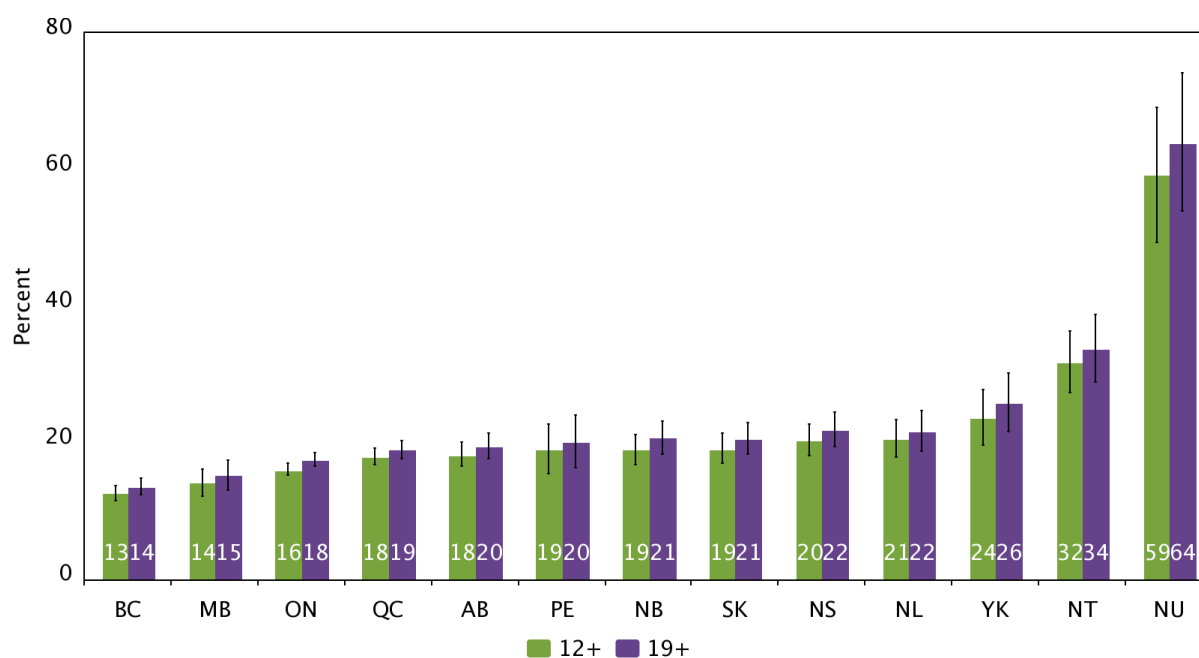
Source: Canadian Community Health Survey 2005, 2007/08-2013/14, 2014.

Current Smoking (Past 30 Days), by Location

Federal, Provincial, Territorial

- Across Canada in 2014, past 30-day current smoking among respondents aged 12 and over ranged from 13% in British Columbia to 59% in Nunavut (Territory; Figure 2-10). Current smoking was slightly higher among respondents 19 years of age or older (Figure 2-10).
- The prevalence of current smoking in Ontario was not significantly different from the national average (for 12+, 16% vs. 17% and for 19+, 18% vs. 18%, respectively; Figure 2-10).
- In recent years, Ontario's goal has been to have the lowest rate of smoking in Canada. As shown in Figure 2-10, the rate of current smoking in British Columbia is significantly lower than many areas of Canada including Ontario (for residents aged 12 years and older, as well as 19 years or older).

Figure 2-10: Current Smoking (Past 30 Days), by Jurisdiction, Ages 12+ and 19+, 2014



Note: Vertical lines represent 95% confidence intervals. Ordered lowest to highest, by region. [Full data table for this graph provided in the Appendix \(Table 2A-10\).](#)

Source: Canadian Community Health Survey 2014.

- In 2013/14 combined years, the rate of current smoking among those 12 years and older in Ontario was 16.5% (representing 1,924,900 smokers), significantly lower than that reported in 2009/10 (17.9%). Among health regions, past 30-day current smoking ranged from 10.9% in Peel to 29.1% in Timiskaming (Table 2-2).
- The prevalence of current smoking was 25% or more in three of Ontario's 36 health regions (Brant, Peterborough, Timiskaming; Table 2-2).
- In 2013/14, past-30 day current smoking was significantly lower in Durham, Halldimand-Norfolk and Peel public health regions compared to our SFO baseline year of 2005 (Table 2-2). (Note: Small sample sizes within health regions make it unlikely that modest differences will be found to be statistically significant between any given time period.)

Table 2-2: Current Smoking (Past 30 days), by Public Health Unit, Ages 12+, Ontario, 2005 to 2013/14

Public Health Unit	Current Smoking ^a (%)				
	2005	2007/08	2009/10	2011/12	2013/14
Peel	17.4 [*]	15.3	14.8	14.2	10.9 [*]
Halton Regional	17.2	17.7	16.1	17.4	13.6
Ottawa	16.9	16.3	14.3	14.1	14.1
Toronto	17.0	16.2	15.0	15.3	14.6
Middlesex-London	16.7	18.9	19.5	18.4	15.0
York Regional	14.5	13.6	15.2	14.7	15.1
Waterloo	18.0	20.4	17.1	19.9	16.0
Durham Region	24.1 [*]	19.7	17.9	20.8	16.3 [*]
Windsor-Essex County	22.6	18.3	21.1	16.1	17.0
North Bay Parry Sound	25.4	25.9	22.0	25.6	18.2
Elgin St. Thomas	25.8	24.7	19.3	25.4	18.2
Grey Bruce	20.0	19.9	17.0	21.5	18.2
Wellington-Dufferin-Guelph	20.4	22.1	17.3	19.4	18.3
Haliburton, Kawartha, Pine Ridge	21.1	23.3	24.0	23.2	18.8
Hamilton	21.7	21.6	18.2	18.9	18.8
Huron County	23.0	22.0	17.1	21.4	19.1
Northwestern (ON)	21.2	23.2	21.6	16.0	19.2
Haldimand-Norfolk	28.7 [*]	24.1	21.8	22.6	19.2 [*]
Simcoe Muskoka	22.4	22.0	23.2	18.6	19.3
Kingston, Frontenac, Lennox & Addington	21.5	23.2	17.0	17.1	19.5
Perth	18.2	16.0	21.5	19.1	19.7
Eastern Ontario	25.9	26.0	24.7	23.7	19.8
Oxford County	22.1	27.7	22.5	26.3	20.2
Niagara Region	21.8	23.8	20.2	17.3	21.4
Lambton	24.4	23.8	22.3	23.5	21.6
Renfrew County	26.8	23.8	24.1	20.7	21.8
Chatham-Kent	23.4	25.8	20.5	24.0	21.8
Sudbury	23.2	24.5	23.7	25.3	22.4
Leeds, Grenville & Lanark	24.0	22.6	24.5	23.2	22.5
Hastings Prince Edward	25.6	26.2	26.2	26.7	22.6
Algoma	22.5	21.7	27.4	22.7	22.6
Thunder Bay	26.1	25.2	23.6	21.7	23.1
Porcupine	28.2	27.7	24.6	27.1	23.8
Brant	24.7	22.0	26.4	22.9	25.0
Peterborough	20.0	21.7	18.5	23.8	25.4
Timiskaming	25.9	22.7	19.2	22.8	29.1
Ontario	19.6 [*]	19.0	17.9 ^y	17.8	16.5 ^{*y}

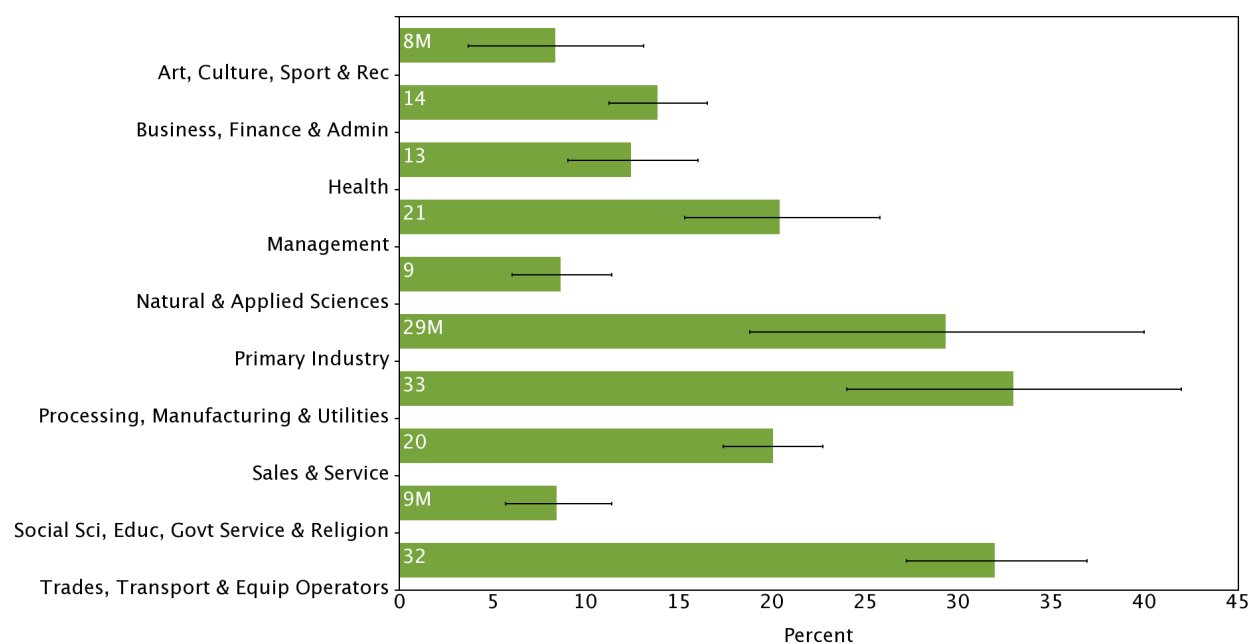
^a Current smoking defined as past 30-day use and 100 cigarettes in lifetime.^b Ordered by 2014 current smoking (lowest to highest).^{*} Significantly different (lower) from 2013/14 to 2005.^y Significantly different from 2013/14 to 2009/10.

Source: Canadian Community Health Survey 2005-2013/14.

Current Smoking (Past 30 Days), by Occupation

- In 2014, current smoking was highest among workers in processing, manufacturing and utilities (33%); trades, transport and equipment operators (32%); and primary industry (29%^M), representing a combined total of 461,400 (or 37%) of the 1,253,900 employed smokers in Ontario aged 15 to 75 years (CCHS 2014; Figure 2-11). In recent years, there have been no observed changes in these estimates.
- Sales and service had the greatest number of current smokers, representing 326,200 (20%) of the 1,253,900 employed smokers in Ontario aged 15 to 75 years (Figure 2-11). A group comprising trades, transport and equipment operators was the second largest, at 300,700 (32%).
- Among unemployed Ontarians aged 15 to 75 years, the prevalence of current smoking was 21%, representing 6% (108,600) of the 1.9 million smokers in Ontario aged 15 to 75 years (CCHS 2014; data not shown).

Figure 2-11: Current Smoking (Past 30 Days), by Occupation, Ages 15 to 75, Ontario, 2014



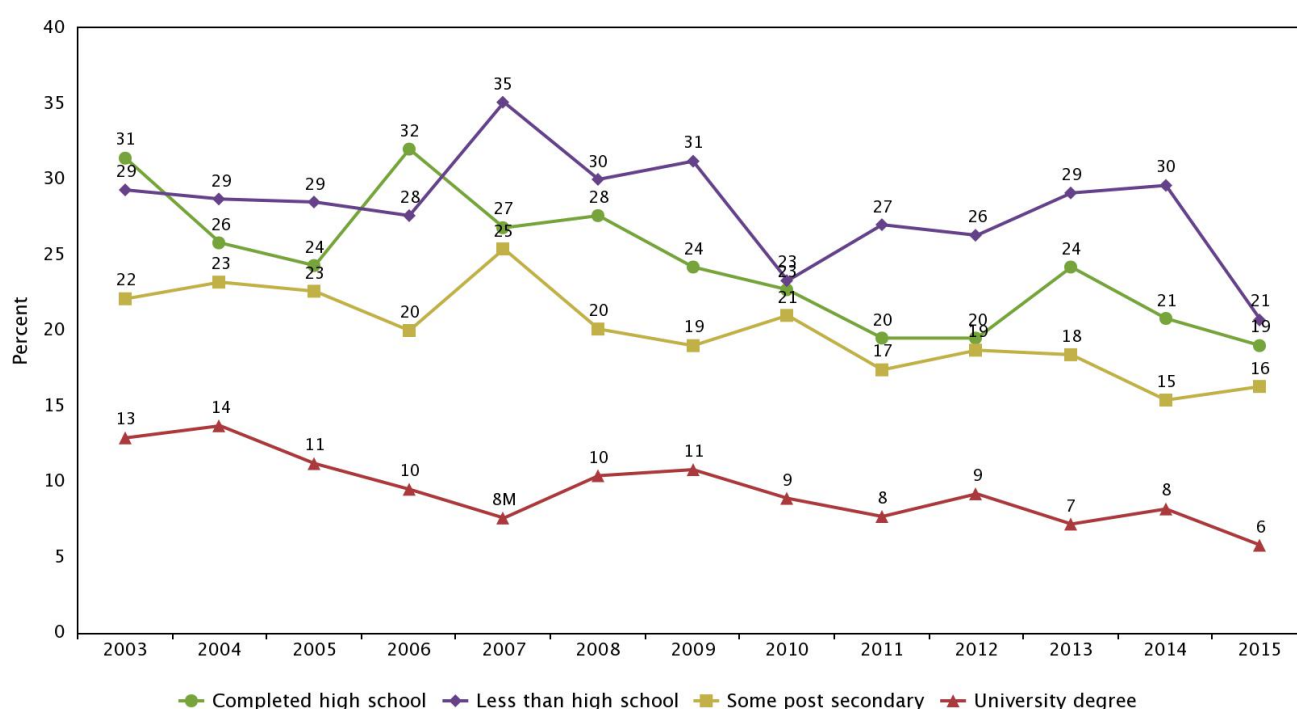
Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Full data table for this graph provided in the Appendix \(Table 2A-11\).](#)

Source: Canadian Community Health Survey 2014.

Current Smoking (Past 30 Days), by Educational Attainment

- According to the CAMH Monitor, in 2014, 13%^{vii} of Ontarians aged 18 years and over were past-30 day current smokers.^{viii} In recent years, Ontarians with a university degree were about two to four times less likely to be current smokers than those with less education (Figure 2-12).
- Over the past few years, levels of smoking have remained relatively steady among all educational attainment levels (Figure 2-12). (Note: The apparent drop from 2014 to 2015 among those with less than a high school education—from 30% to 21%—is not statistically significant but bears close scrutiny in the future.)

Figure 2-12: Current Smoking (Past 30 Days), by Educational Attainment, Ages 18+, Ontario, 2003 and 2015



Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Full data table for this graph provided in the Appendix \(Table 2A-12\).](#)

Source: Centre for Addiction and Mental Health Monitor 2003-2015.

^{vii} The CAMH Monitor and the Canadian Community Health Survey each present different rates of smoking, albeit these rates are consistent with each other over time. For further information on differences between these two surveys, see Appendix A.

^{viii} Past-30 day current smoking on the CAMH Monitor includes only those respondents who have smoked 100 or more cigarettes in their lifetime.

Risk Factors and Social Determinants of Health

The purpose of this section is to characterize current smokers by other recognized behavioural and social risk factors for poor health and other social determinants of health.

The high rate of cigarette smoking for certain sub-populations is of concern from an equity perspective. At the same time, it is notable that the large majority of Ontario's smokers are not represented by these sub-population groups. Table 2-3 lists a number of subpopulations that have a rate of current smoking of 25% or more, as observed in the 2013/14 Canadian Community Health Survey.

Table 2-3: Subpopulations of Current Smokers with a Rate of Smoking of 25% or More, Ontario, 2013/14

Group	Value (%)	Population Estimate (n)
12+ (baseline)	16	1,924,900
18+ (baseline)	18	1,904,500
Income: \$5,000 – \$9,999 (Age 18+)	35	34,300
Income: \$10,000 – \$14,999 (Age 18+)	34	83,800
Cultural background: Aboriginala (Age 12+)	33.5	96,400
Occupation: Trades (Age 15-75)	32	304,600
Chronic disease: Mood disorder (Age 12+)	31	306,000
Chronic disease: Exceed low-risk drinking (Age 19+)	31	496,100
Homosexual/Bisexual (Age 18-59)	28.5	57,700
Age 25-29, Male	28	131,100
Occupation: Manufacturing (Age 15-75)	28	91,700
Age 35-39, Male	27	115,400
Age 50-54, Male	26	136,300
Age 20-29, Male	26	249,500
Age 45-49, Male	26	123,700
Country of origin: Poland (Age 12+)	26	30,200
Occupation: Primary Industry (Age 15-75)	25	36,600
Country of origin: Portugal (Age 12+)	25	31,300
Age 30-44, Male	25	329,100

^a Aboriginal excludes First Nations on-reserve. Subpopulations ordered by value from highest to lowest.

Source: Canadian Community Health Survey 2013-2014.

To explore the association of risk factors and social determinants of health with smoking status

(current smoker vs. nonsmoker), we conducted separate analyses for youth (students in grades 7 to 12 using OSDUHS data), young adults (aged 18 to 29 years using CCHS data) and adults (18 years and older using CCHS data). The analysis for youth explored smoking status among sub-populations defined by risky behaviours (e.g., drinking, drug use) and social determinants of health (e.g., income, housing). The analysis for young adults and adults explored smoking status among sub-populations defined by chronic disease risk factors (e.g., obesity, inactive lifestyle) and social determinants of health (e.g., income, food security). Not all the indicators used in the youth analyses were available for young adults/adults and vice versa (variable definitions can be found in Appendix A: Tables A-1 and A-2).

Youth

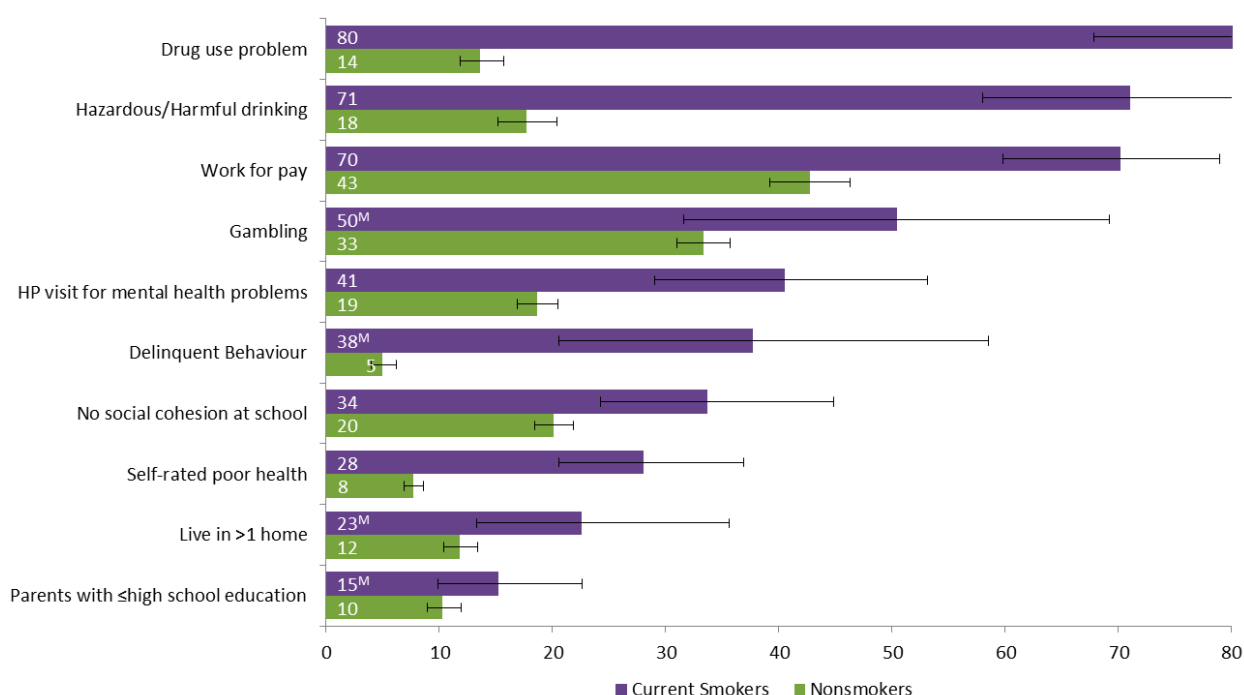
- Among students, current smokers were significantly more likely than nonsmokers to have a drug-use problem (80% vs. 14%), be a hazardous drinker (71% vs. 18%), work for pay (70% vs. 43%), visit a health professional for a mental health problem (41% vs. 19%), engage in delinquent behaviour (38%^M vs. 5%), feel no social cohesion at school (34% vs. 20%), have poor self-rated health (28% vs. 8%). (M = Marginal. Interpret with caution: Subject to moderate sampling variability.) (Figure 2-13; OSDUHS 2015).

Young Adults

- Among those aged 18 to 29 years, more current smokers than nonsmokers were born in Canada (87% vs. 76%) and identified as White (80% vs. 62%; CCHS 2014, data not shown).
- Current smokers aged 18 to 29 were more likely to be male compared to nonsmokers (67% vs. 47%; CCHS 2014, data not shown).
- More current smokers than nonsmokers aged 18 to 29 engaged in additional behaviours that are risk factors for the development of chronic diseases: unhealthy eating habits (eating less than five fruits or vegetables per day: 77% vs. 62%), drinking in excess of the low-risk drinking guidelines (53% vs. 32%).
- Similarly, a higher proportion of current smokers relative to nonsmokers had been clinically diagnosed with a mood disorder (13% vs. 7%; CCHS 2014, data not shown).

- Similar proportions of current smokers and nonsmokers aged 18 to 29 were inactive in leisure time (42% vs. 40%) or overweight (39% vs. 35%; CCHS 2014, data not shown).
- A greater proportion of current smokers than nonsmokers aged 18 to 29 worked in trades, transport and equipment operator occupations (18% vs. 10%; CCHS 2014, data not shown).
- A higher proportion of current smokers than nonsmokers aged 18 to 29 reported not having a family doctor (20% vs. 12%) or having less than a high school education (13% vs. 6%; CCHS 2014, data not shown).

Figure 2-13: Factors^a Associated with Smoking Status among Students in Grades 9 to 12, Ontario, 2015



^a Indicator definitions and information on data analysis provided in Appendix A.

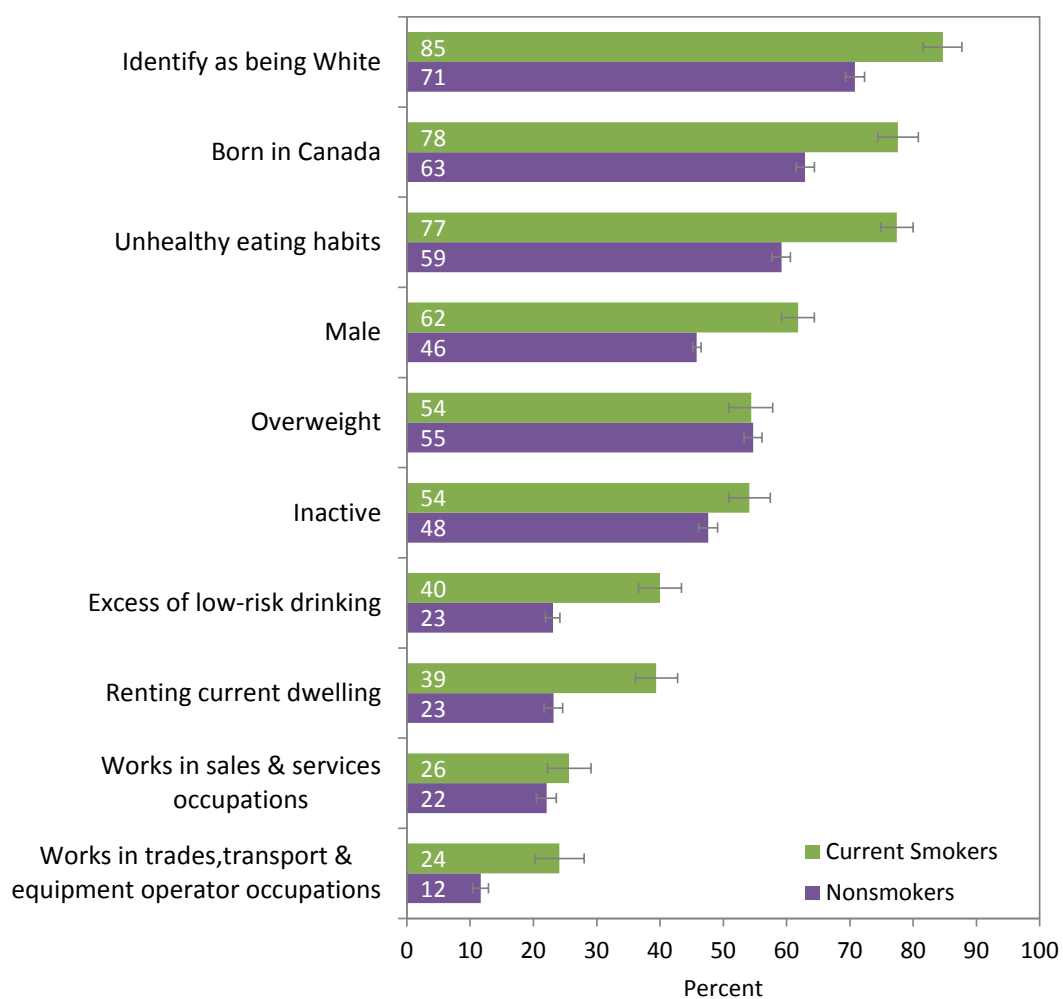
Note: Horizontal lines represent 95% confidence intervals. M = Marginal. Interpret with caution: subject to moderate sampling variability. [Full data table for this graph provided in the Appendix \(Table 2A-13\).](#)

Source: Ontario Student Drug Use and Health Survey 2015.

Adults

- Current smokers aged 18 years and older more frequently identified as White (85%) compared to nonsmokers (71%); they were also more likely to be Canadian born compared to nonsmokers (78% vs. 63%; CCHS 2014; Figure 2-14).
- A greater proportion of current smokers than nonsmokers aged 18 and older engaged in other behaviours that are risk factors for the development of chronic disease: having unhealthy eating habits (eating less than five fruits or vegetables per day: 77% vs. 59%), being inactive in leisure time (54% vs. 48%) and drinking in excess of the low-risk drinking guidelines (40% vs. 23%).
- More young adults aged 18 to 29 who currently smoke reported drinking in excess of low-risk drinking guidelines compared to all adult current smokers (53% vs. 40%; CCHS 2014; data not shown).
- A greater proportion of current smokers than nonsmokers were male (62% vs. 46%).
- Similar proportions of current smokers and nonsmokers reported being overweight (54% vs. 55%).
- More current smokers reported living in a rented dwelling compared to nonsmokers (39% vs. 23%).
- Current smokers more frequently reported working in trades, transportation and equipment operation occupations (24% vs. 12%), whereas a similar proportion of current smokers and nonsmokers reported working in sales and service occupations (26% vs. 22%).
- Compared to nonsmokers, a greater proportion of current smokers reported poorer social determinants of health, such as lower education (less than high school: 17% vs. 11%), not having a regular family doctor (14% vs. 7%), were categorized as severely food insecure (7.1% vs. 1.4%) or were unemployed (6% vs. 4%; CCHS 2014, data not shown).

Figure 2-14: Factors^a Associated with Smoking Status, 18+, Ontario, 2014



^a Indicator definitions and information on data analysis provided in Appendix A.

Note: Horizontal lines represent 95% confidence intervals. [Full data table for this graph provided in the Appendix \(Table 2A-14\).](#)

Source: Canadian Community Health Survey 2014.

MPOWER Comparison with Ontario: Tobacco Use

Below is a comparison of two MPOWER indicators related to tobacco use (monitoring and smoking prevalence) to the current situation in Ontario (Table 2-4).

Table 2-4: Assessing Tobacco Use: MPOWER Indicators Applied to Ontario

MPOWER Indicator	Highest MPOWER Requirement	Situation in Ontario
Monitoring	Recent, representative and periodic data for both adults and youth.	Meets the requirement for the highest score.
Smoking prevalence	Daily smoking, age-standardized rate, <15%, among 15 years and older.	Daily smoking, age-standardized rate, 13.3% among 12+, 2014. Note: Compared to MPOWER definition, the age used here for Ontario is slightly lower: 15 years vs. 12 years in Ontario, which contributes to a slightly lower rate of smoking.

Scientific Advisory Committee: Overview of Tobacco Use (Tobacco-related Disparities and Equity) Goals and Recommendations

The Scientific Advisory Committee (SAC)^{ix} goal for tobacco use including tobacco-related disparities and equity is: To eliminate tobacco-related illness and death in Ontario—rapidly, equitably and cost-effectively; and to reduce tobacco-related disparities—both the unequal distribution of disease and the inequitable application and impact of interventions—while reducing the overall burden of tobacco, as a key strategy for achieving health equity in Ontario.⁶ The SAC report includes several recommendations addressing disparities and equity, targeted interventions, community involvement and evaluation and monitoring. Reducing differences in tobacco use between population groups is expected to contribute to improved health equity.

^{ix} Upon request of the Ministry of Health Promotion and Sport, a committee of lead tobacco control researchers in Ontario was convened to provide scientific and technical advice and recommendations to the Government of Ontario to inform the comprehensive tobacco control strategy renewal for 2010-2015.

2010 Scientific Advisory Committee Recommendations

Disparities and Equity

SAC Recommendation 8.1: Incorporate equity considerations into the renewal of Ontario's strategy to reduce tobacco use and exposure, and into all future phases of comprehensive tobacco control in Ontario.

Current Status: The Strategy funds the Aboriginal Tobacco Program, an initiative of Cancer Care Ontario, with the aim of preventing and reducing commercial tobacco use among First Nations, Inuit and Métis (FNIM) communities.

Targeted Interventions

SAC Recommendation 8.2: Use a portion of the additional revenue generated by increasing taxation on tobacco to allocate resources to interventions directed at sub-populations that do not optimally benefit from universal interventions.

Current Status: Ontario does not directly earmark funds generated by increased tobacco taxes to targeted interventions. It does, however, fund interventions for select sub-populations, which may not benefit from universal interventions. Although outside the reporting period, in the 2016/17 Ontario budget, \$5 million was earmarked for cessation in vulnerable communities.

Counselling and prescriptions for smoking cessation medications through the Ontario Drug Benefit (ODB) program, an initiative that covers seniors, MOHLTC programs (Long-term Care, Home Care and Homes for Special Care), Ministry of Community and Social Services (Ontario Disability Support Program and Ontario Works) and the Trillium Drug Plan. In 2015/16, a total of 24,735 ODB patients received counselling or cessation medication.

The Ministry's 2013/14 Health System Research Fund addressed several targeted populations including Lesbian, Gay, Bisexual, Transgendered and Queer (LGBTQ) youth and young adults and aboriginal communities. The results for the most recent Health System Research Fund have yet to be announced.

Community Involvement

SAC Recommendation 8.3: Involve members of identified priority communities in the conceptualization, design and implementation of interventions that will form Ontario's renewed strategy to reduce tobacco use and exposure in support of reducing tobacco-related inequities.

Current Status: Various public health units involve youth and young adults in conceptualization, design and implementation of interventions.

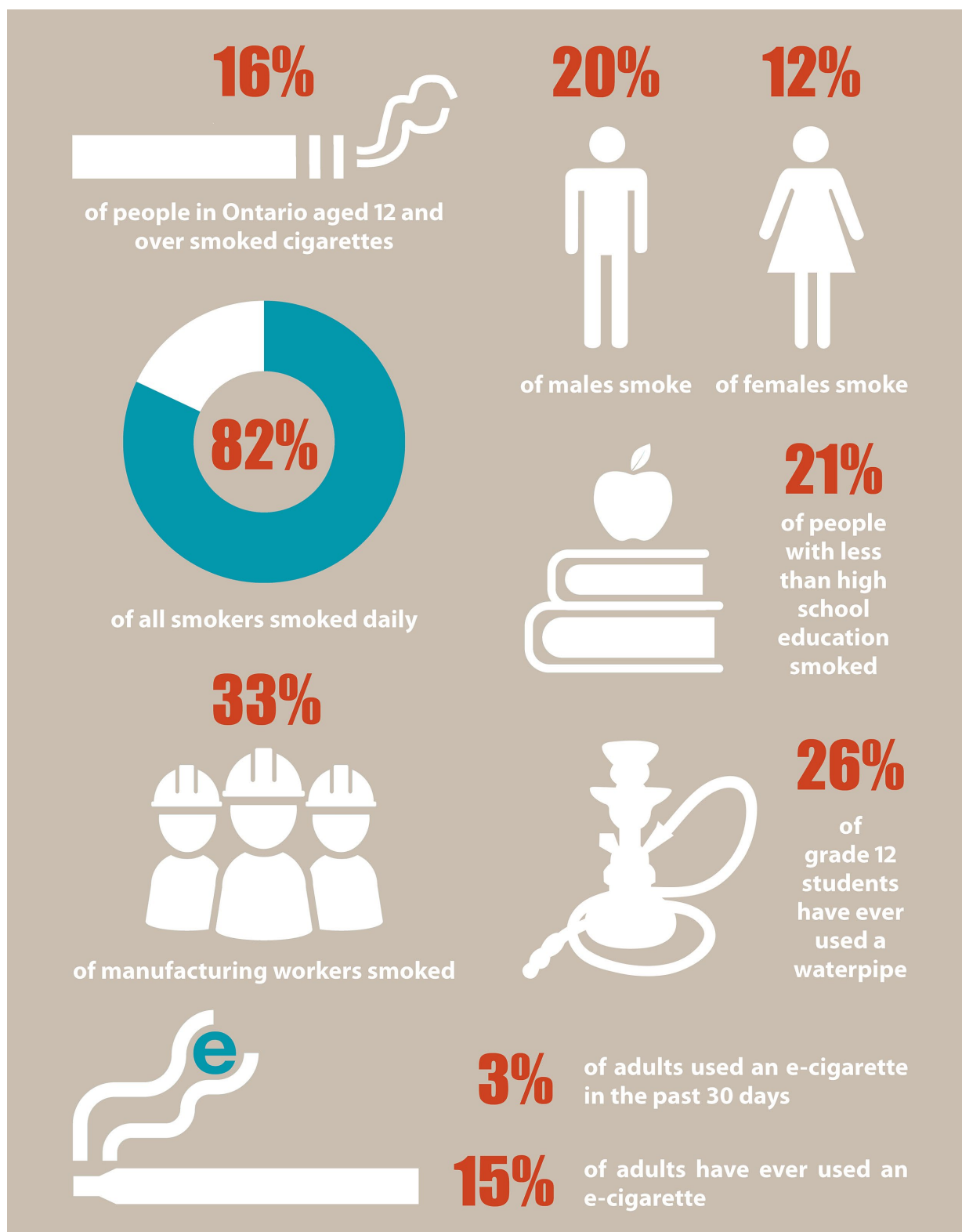
The Strategy funds an Aboriginal Tobacco Program, which works with stakeholders across Ontario to prevent and reduce commercial tobacco use.

Evaluation and Monitoring

SAC Recommendation 8.4: Ensure monitoring and surveillance of tobacco-related disparities and that evaluation of policies and services capture the differential impact on sub-populations.

Current Status: The Strategy funds the Ontario Tobacco Research Unit to conduct monitoring and surveillance initiatives including working with SFO partners on evaluation.

Visual Summary of Key Tobacco Use Indicators



Appendix: Data Tables

Table 2A-1: Current Smoking (Past 30 Days), Ages 12+ and 19+, Ontario, 2000/01 to 2014

Age	Year	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
12+	2000/01	2,305,500	23.3	22.7	24
	2003	2,141,100	20.8	20.2	21.4
	2005	2,069,300	19.6	19	20.1
	2007	2,117,000	19.5	18.8	20.2
	2008	2,035,600	18.5	17.6	19.4
	2009	1,963,200	17.6	16.7	18.5
	2010	2,043,700	18.2	17.2	19.1
	2011	2,053,200	18	17.1	19
	2012	2,027,000	17.6	16.6	18.6
	2013	1,963,800	16.9	16	17.8
	2014	1,889,000	16.1	15.2	17
19+	2000/01	2,183,400	24.8	24.2	25.5
	2003	2,049,500	22.4	21.8	23.1
	2005	1,989,900	21.2	20.6	21.8
	2007	2,059,100	21.3	20.5	22.1
	2008	1,976,600	20.1	19.1	21.1
	2009	1,897,800	19.1	18.1	20
	2010	1,979,700	19.6	18.6	20.6
	2011	2,015,700	19.7	18.6	20.7
	2012	1,993,500	19.3	18.1	20.4
	2013	1,923,100	18.3	17.3	19.3
	2014	1,859,000	17.6	16.6	18.6

Note: [Data table is for Figure 2-1.](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Table 2A-2: Cigar Use (Past 30 Days), by Age and Sex, Ontario, 2014

Sex	Age				
	18-19	20-24	25-29	30+	12+
Female	4 ^M	3 ^M	2 ^M	0.6 ^M	1 ^M
Male	10 ^M	15	12	6	7
Total	7 ^M	9	7	3	4

M = Marginal. Interpret with caution: subject to moderate sampling variability.

Note: [Data table is for Figure 2-2.](#)

Source: Canadian Community Health Survey 2014.

Table 2A-3: Past-Year Use of an E-Cigarette, Age, Ontario, 2013 and 2015

Year	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2013	18-24	157,100	13.2 M	7.8	21.5
	25-44	276,700	8.3	6	11.3
	45-64	243,400	6.7	5.3	8.5
	65+		S		
2014	18-24	268,300	22.8 M	15.5	32.2
	25-44	404,600	12.2	9.3	16
	45-64	290,900	8.1	6.4	10.1
	65+	44,200	2.4 M	1.6	3.7
2015	18-24	427,700	33.1	24	43.7
	25-44	374,700	11.1 M	7.7	15.8
	45-64	250,400	7	5.2	9.3
	65+	44,500	2.4 M	1.4	4.3

Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. S=Suppressed. Results too unreliable to be published due to (unweighted) sample size less than 30 or coefficient of variation greater than 33.3% (extreme sampling variability). [Data table is for Figure 2-3.](#)

Source: Centre for Addiction and Mental Health Monitor 2013-2015.

Table 2A-4: Ever Use of an E-Cigarette, Age, Ontario, 2013 and 2015

Year	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2013	18-24	175,600	14.8 M	9.1	23.2
	25-44	359,100	10.8	8.2	14
	45-64	310,400	8.6	6.9	10.5
	65+	28,000	1.5 M	0.8	2.7
2014	18-24	365,100	31	22.6	40.9
	25-44	504,800	15.3	12.1	19.2
	45-64	339,700	9.4	7.7	11.5
	65+	64,900	3.5 M	2.4	5.2
2015	18-24	493,300	38.2	28.6	48.8
	25-44	623,100	18.5	14.1	23.8
	45-64	327,900	9.2	7.2	11.7
	65+	64,700	3.6 M	2.3	5.6

Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Data table is for Figure 2-4.](#)
Source: Centre for Addiction and Mental Health Monitor 2013-2015.

Table 2A-5: Waterpipe Use, Past Year and Ever Use, by Grade, Ontario, 2015

Primary Indicator	Grade	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Any use of water-pipe (past year)	Grade 7		S		
	Grade 8	3,800	3.2 ^M	1.7	5.9
	Grade 9	11,200	7.5	5.5	10
	Grades 7-12	113,100	12.3	10.8	13.9
	Grade 10	19,500	12.6	9.5	16.4
	Grade 11	30,700	18.9	15.2	23.4
	Grade 12	47,300	21.4	18	25.3
Ever use of water-pipe	Grade 7		S		
	Grade 8	4,500	3.7 ^M	2.1	6.6
	Grade 9	12,700	8.5	6.4	11.2
	Grades 7-12	132,400	14.3	12.6	16.2
	Grade 10	22,800	14.7	11.5	18.6
	Grade 11	35,000	21.6	17.3	26.5
	Grade 12	56,500	25.6	20.5	31.3

S = data suppressed due to small sample sizes.

Note: [Data table is for Figure 2-5.](#)

Source: Ontario Student Drug Use and Health Survey 2015.

Table 2A-6: Daily Smoking, Ages 12+ and 19+, Ontario, 2000/01 to 2014

Year	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2000/01	12+	2,009,700	20.3	19.7	21
	19+	1,908,500	21.7	21.1	22.4
2003	12+	1,763,100	17.2	16.6	17.7
	19+	1,689,400	18.5	17.9	19.1
2005	12+	1,693,400	16	15.5	16.5
	19+	1,635,900	17.4	16.9	17.9
2007/08	12+	1,748,700	16	15.4	16.5
	19+	1,699,200	17.4	16.8	18
2009/10	12+	1,627,200	14.5	14	15.1
	19+	1,581,700	15.8	15.2	16.4
2011/12	12+	1,646,100	14.4	13.7	15
	19+	1,616,700	15.7	15	16.4
2013/14	12+	1,548,500	13.3	12.7	13.8
	19+	1,526,200	14.5	13.8	15.1
2014	12+	1,545,600	13.2	12.3	14
	19+	1,528,000	14.4	13.5	15.4

Note: [Data table is for Figure 2-6.](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Table 2A-7: Occasional Smoking (Past 30 Days), Ages 12+ and 19+, Ontario, 2000/01 to 2014

Year	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2000/01	12+	295,800	3	2.7	3.2
	19+	274,900	3.1	2.8	3.4
2003	12+	378,000	3.7	3.4	4
	19+	360,000	3.9	3.6	4.3
2005	12+	375,900	3.6	3.3	3.8
	19+	354,000	3.8	3.5	4.1
2007/08	12+	327,000	3	2.7	3.3
	19+	318,200	3.3	3	3.6
2009/10	12+	375,600	3.4	3.1	3.7
	19+	356,500	3.6	3.2	3.9
2011/12	12+	394,400	3.4	3.1	3.8
	19+	388,500	3.8	3.4	4.1
2013/14	12+	376,400	3.2	2.9	3.5
	19+	363,200	3.4	3.1	3.8
2014	12+	343,300	2.9	2.5	3.3
	19+	331,000	3.1	2.7	3.6

Note: [Data table is for Figure 2-7.](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Table 2A-8: Daily Smoking as a Proportion of Current Smoking, Ages 12+ and 19+, Ontario, 2000/01 to 2014

Year	Age	Value (%)
2000/01	12+	87
	19+	88
2003	12+	83
	19+	83
2005	12+	82
	19+	82
2007/08	12+	84
	19+	84
2009/10	12+	81
	19+	82
2011/12	12+	81
	19+	81
2013/14	12+	81
	19+	81
2014	12+	82
	19+	82

Note: [Data table is for Figure 2-8.](#)

Source: Canadian Community Health Survey 2000/01, 2003, 2005, 2007-2014.

Table 2A-9: Mean Number of Cigarettes Smoked Daily (Daily Smokers), by Sex, Ages 12+, Ontario, Select Years, 2005 to 2014

Year	Sex	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2005	Females	10,000,500	13.8	13.4	14.2
	Males	15,214,600	16.5	16.1	16.9
2007/08	Females	9,824,100	13.4	13	13.7
	Males	15,229,800	15.7	15.3	16.2
2009/10	Females	8,712,500	13	12.5	13.5
	Males	14,850,700	15.8	15.3	16.4
2011/12	Females	8,527,100	12.7	12.2	13.2
	Males	14,829,200	15.7	15.1	16.3
2013/14	Females	627,500	13.4	12.8	13.9
	Males	891,600	15.8	15.2	16.3
2014	Females	589,100	13.4	12.6	14.1
	Males	927,900	15.9	15	16.9

Note: [Data table is for Figure 2-9.](#)

Source: Canadian Community Health Survey 2005, 2007/08-2013/14, 2014.

Table 2A-10: Current Smoking (Past 30 Days), by Jurisdiction, Ages 12+ and 19+, 2014

Geography	Age	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Alberta	12+	626,200	18.3	16.6	20.1
	19+	603,800	19.6	17.7	21.4
British Columbia	12+	502,300	12.7	11.5	13.8
	19+	493,800	13.7	12.4	14.9
Manitoba	12+	144,700	14.2	12.2	16.2
	19+	139,800	15.3	13.1	17.5
New Brunswick	12+	123,100	19.1	16.9	21.3
	19+	121,600	20.8	18.3	23.2
Newfoundland and Labrador	12+	95,000	20.7	18	23.4
	19+	92,000	21.8	18.9	24.7
Northwest Territories	12+	11,300	31.9	27.4	36.3
	19+	10,600	33.9	29	38.9
Nova Scotia	12+	165,600	20.4	18.1	22.8
	19+	162,300	21.9	19.4	24.5
Nunavut	12+	16,000	59.3	49.3	69.2
	19+	14,300	64	53.9	74.1
Ontario	12+	1,889,000	16.1	15.2	17
	19+	1,859,000	17.6	16.6	18.6
Prince Edward Island	12+	23,900	19.1	15.5	22.7
	19+	22,900	20.3	16.4	24.1
Quebec	12+	1,267,800	18	16.8	19.2
	19+	1,235,700	19.1	17.8	20.4
Saskatchewan	12+	170,200	19.2	17	21.4
	19+	165,400	20.7	18.3	23
Yukon	12+	7,400	23.7	19.7	27.8
	19+	7,300	26	21.6	30.3
Canada	12+	5,042,300	16.7	16.2	17.3
	19+	4,928,500	18	17.4	18.6

Note: [Data table is for Figure 2-10.](#)

Source: Canadian Community Health Survey 2014.

Table 2A-11: Current Smoking (Past 30 Days), by Occupation, Ages 15 to 75, Ontario, 2014

Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Art, Culture, Sport & Rec	23,400	8.4 ^M	3.7	13.1
Business, Finance & Admin	172,700	13.9	11.2	16.5
Health	49,700	12.5	9	16
Management	112,400	20.5	15.3	25.8
Natural & Applied Sciences	47,100	8.7	6	11.4
Primary Industry	47,700	29.4 ^M	18.8	40
Processing, Manufacturing & Utilities	113,000	33	24	42
Sales & Service	326,200	20.1	17.4	22.7
Social Sci, Educ, Govt Service & Religion	61,000	8.5 ^M	5.7	11.4
Trades, Transport & Equip Operators	300,700	32	27.2	36.9

Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Data table is for Figure 2-11.](#)
Source: Canadian Community Health Survey 2014.

Table 2A-12: Current Smoking (Past 30 Days), by Educational Attainment, Ages 18+, Ontario, 2003 to 2015

Year	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2003	University degree		12.9	10	16.4
	Some post-secondary		22.1	19	25.5
	Less than high school		29.3	24.4	34.7
	Completed high school		31.4	27.2	35.9
2004	University degree		13.7	10.9	17.2
	Some post-secondary		23.2	20	26.7
	Completed high school		25.8	21.9	30
	Less than high school		28.7	23.7	34.3
2005	University degree		11.2	8.8	14.1
	Some post-secondary		22.6	19.4	26.1
	Completed high school		24.3	20.6	28.5
	Less than high school		28.5	23.1	34.6
2006	University degree		9.5	7	12.6
	Some post-secondary		20	16.7	23.8
	Less than high school		27.6	21.6	34.4
	Completed high school		32	27	37.5
2007	University degree		7.6 ^M	5.1	11.1
	Some post-secondary		25.4	21.6	29.5
	Completed high school		26.8	22.4	31.8
	Less than high school		35.1	28.4	42.4

Year	Group	Population Estimate	Value (%)	Lower 95% Confidence Limit	Upper 95% Confidence Limit
2008	University degree		10.4	7.8	13.7
	Some post-secondary		20.1	16.7	24.1
	Completed high school		27.6	22.7	33.1
	Less than high school		30	23.4	37.4
2009	University degree		10.8	8	14.4
	Some post-secondary		19	15.7	22.8
	Completed high school		24.2	19.6	29.6
	Less than high school		31.2	24.4	38.9
2010	University degree		8.9	6.9	11.4
	Some post-secondary		21	18.1	24.2
	Completed high school		22.7	18.9	27
	Less than high school		23.3	18.1	29.4
2011	University degree		7.7	5.9	9.9
	Some post-secondary		17.4	14.7	20.5
	Completed high school		19.5	16.1	23.5
	Less than high school		27	21	34
2012	University degree	295,400	9.2	7.1	11.8
	Some post-secondary	706,600	18.7	16	21.8
	Completed high school	410,700	19.5	16	23.7
	Less than high school	243,700	26.3	20.6	33
2013	University degree	240,300	7.2	5.4	9.4
	Some post-secondary	661,900	18.4	15.4	21.7
	Completed high school	510,900	24.2	19.8	29.1
	Less than high school	281,500	29.1	22.6	36.6
2014	University degree	299,600	8.2	5.9	11.2
	Some post-secondary	535,300	15.4	12.8	18.5
	Completed high school	430,400	20.8	16.5	25.8
	Less than high school	239,800	29.6	23	37.2
2015	University degree	216,200	5.8	4.6	7.3
	Some post-secondary	606,900	16.3	14	18.9
	Completed high school	401,300	19	15.9	22.6
	Less than high school	108,300	20.7	16	26.4

Note: M = Marginal. Interpret with caution: subject to moderate sampling variability. [Data table is for Figure 2-12.](#)

Source: Centre for Addiction and Mental Health Monitor 2003-2015.

Table 2A-13: Factors Associated with Smoking Status among Students in Grades 9 to 12, Ontario, 2015

Risk Factors	Current Smokers (%)	Nonsmokers (%)
Parents with ≤high school education	15.2 ^M	10.3
Live in >1 home	22.6 ^M	11.8
Self-rated poor health	28.0	7.7
No social cohesion at school	33.7	20.1
Delinquent Behaviour	37.7 ^M	5.0
HP visit for mental health problems	40.5	18.6
Gambling	50.4 ^M	33.3
Work for pay	70.2	42.7
Hazardous/Harmful drinking	71.0	17.7
Drug use problem	80.1	13.6

Note: Indicator definitions and information on data analysis provided in Appendix A. M = Marginal. Interpret with caution: subject to moderate sampling variability. [Data table is for Figure 2-13.](#)

Source: Ontario Student Drug Use and Health Survey 2015.

Table 2A-14: Factors Associated with Smoking Status, 18+, Ontario, 2014

Occupation	Current Smokers (%)	Nonsmokers (%)
Works in trades, transport & equipment operator occupations	24.1	11.7
Works in sales & services occupations	25.6	22.1
Renting current dwelling	39.4	23.2
Excess of low-risk drinking	40	23.1
Inactive	54.1	47.6
Overweight	54.4	54.7
Male	61.8	45.8
Unhealthy eating habits	77.4	59.2
Born in Canada	77.6	62.9
Identify as being White	84.7	70.8

Note: [Data table is for Figure 2-14.](#)

Source: Canadian Community Health Survey 2014.

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- ¹ Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J, et al. *The Costs of Substance Abuse in Canada 2002*. Ottawa: Canadian Centre on Substance Abuse, March 2006.
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- ³ Government of Ontario. [Ontario's Action Plan for Health](#). 2012 Queen's Printer for Ontario (Cat.# 016827). Accessed on March 8, 2017.
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