

# Ontario Tobacco Monitoring Report 2018

Technical Supplement to Chapter 2: Data and  
Trends



Technical Supplement  
November 2019

## How to cite this document:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario tobacco monitoring report 2018. Technical supplement to chapter 2: data and trends. Toronto, ON: Queen's Printer for Ontario; 2019.

## Acknowledgements

The authors wish to express their sincere appreciation for those who reviewed the report (chapters, sections, or other), Public Health Unit staff and Tobacco Control Area Network staff who completed the programs and services surveys, organizations who provided access to data sources, stakeholders at Ontario Transfer Payment Agencies who provided information about program area content and reviewed it for accuracy, and the Ontario Tobacco Research Unit for consultations, data sharing, survey instruments and review of this report.

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## Data Source Note

Some of the data used in this publication came from the Ontario Student Drug Use and Health Survey conducted by the Centre for Addiction and Mental Health and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the Centre for Addiction and Mental Health.

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# Technical Supplement to Chapter 2: Data and Trends

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Chapter 2 of the [Ontario Tobacco Monitoring Report 2018](#) summarizes the current evidence from population-level surveys related to tobacco product use<sup>i</sup>, youth prevention, cessation, protection, and co-use of tobacco and cannabis. The purpose of this Technical Supplement is to provide additional detail that was not feasible to include in the report. Reflecting the emergence of electronic cigarettes (e-cigarettes), a separate, dedicated chapter and technical supplement is provided in Chapter 6 of the [Ontario Tobacco Monitoring Report 2018](#).

## Methodological Approach

Latest population level survey data (Canadian Community Health Survey (CCHS) 2017, Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2017, Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017, and Ontario Student Drug Use and Health Survey (OSDUHS) 2017) were used to develop this chapter. Details regarding each survey source can be found in [Appendix C](#). Throughout the report estimates with high sampling variability are indicated using “IC” for interpret with caution. The historical trends for all indicators from CCHS 2001–14, CAMH-Monitor 2002–16, OSDUHS 2003–15 included in this report were obtained from the Ontario Tobacco Research Unit (OTRU) 2017 Smoke-Free Ontario Strategy Monitoring Report.<sup>1</sup> Findings from the 2017 CAMH-Monitor were obtained from OTRU’s Tobacco Informatics Monitoring System (TIMS).<sup>2</sup> Analyses from CCHS 2015–17, CTADS 2013–17, and OSDUHS 2017 were completed by PHO.

Similar to the methods used in the 2017 Smoke-Free Ontario Strategy Monitoring Report by OTRU,<sup>1</sup> significance tests between two estimates, including any directional statement (e.g., increase, decrease, higher, lower, etc.), were based on non-overlapping 95% confidence intervals. When confidence intervals overlap, a formal significance test of two proportions was carried out. Estimates that appear to differ but are not reported as significant should be interpreted with caution. In order to protect against misclassification of significance due to many comparisons, we only compared the current year with: the previous year and a five-year benchmark, where possible. The CCHS was redesigned in 2015 and estimates based on the CCHS from 2015 onward should not be compared to previous releases. We only compared the latest findings from CCHS (2017) with previous years (2016 and 2015).

## Tobacco Product Use

According to the 2017 CCHS, 18% of Ontarians aged 12 years or over reported using tobacco products (excluding e-cigarettes) in the past 30 days. This represents 2,196,200 tobacco users. (Note: these

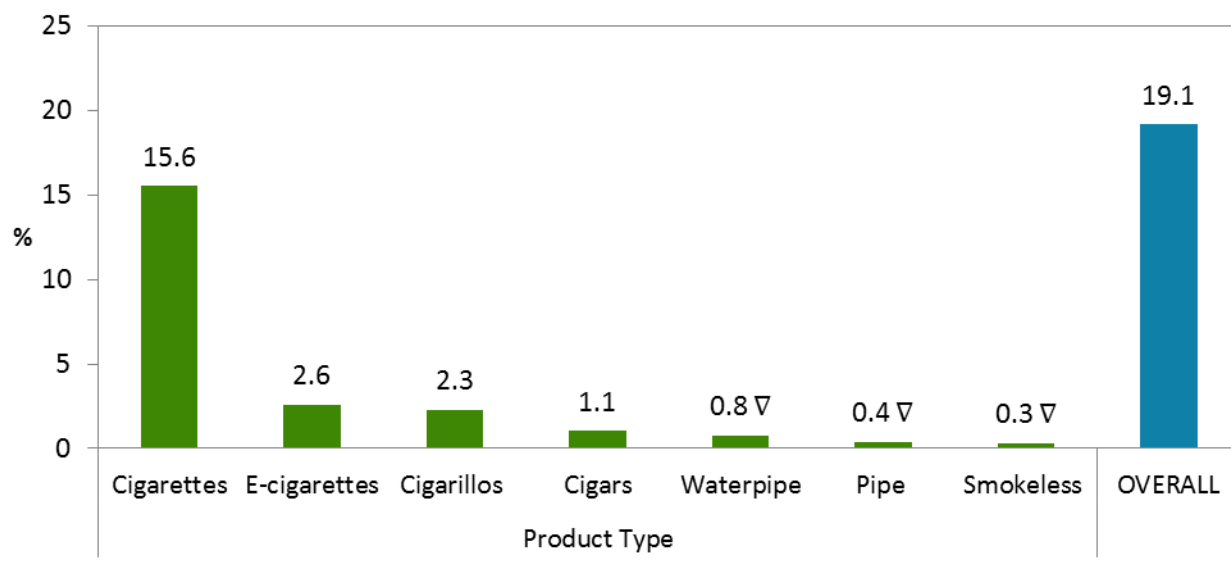
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<sup>i</sup> Unless otherwise stated, ‘tobacco products’ include: cigarettes, cigars, pipes, snuff or chewing tobacco, waterpipe, and e-cigarettes.

estimates include co-use and therefore do not sum to the total overall population estimate of tobacco product use). The prevalence of tobacco use has decreased significantly between 2015 and 2017 (20% vs. 18%) (CCHS, 2015–17, data not shown). Inclusion of past month vaping of e-cigarettes increases the overall prevalence of tobacco use to 19% (or 2,311,900 users) ([Figure 2-1](#)).

In 2017, 15.6% of Ontarians aged 12 years or over smoked cigarettes in the past 30 days<sup>i</sup>, 2.6% used e-cigarettes, 2.3% smoked cigarillos, 1.1% smoked another form of cigar, 0.8%<sup>IC</sup> used a tobacco waterpipe<sup>ii</sup>, 0.4%<sup>IC</sup> smoked pipes, 0.3%<sup>IC</sup> used smokeless tobacco ([Figure 2-1](#))

**Figure 2-1: Tobacco Use (Past 30 Days), by Product Type, Ontario, 12+, 2017**



Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. ∇ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in the Appendix ([Table 2A-1](#)).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

## Cigarette use

In this report we define ‘current smoking’ as having smoked in the past 30 days and having smoked 100 cigarettes in one’s lifetime.

In 2017, 14.9% of Ontarians aged 12 years or older were current smokers ([Figure 2-2](#); CCHS, 2017), representing 1,797,800 users. This represents a significant decrease from 2015 (16.4%). Similar to

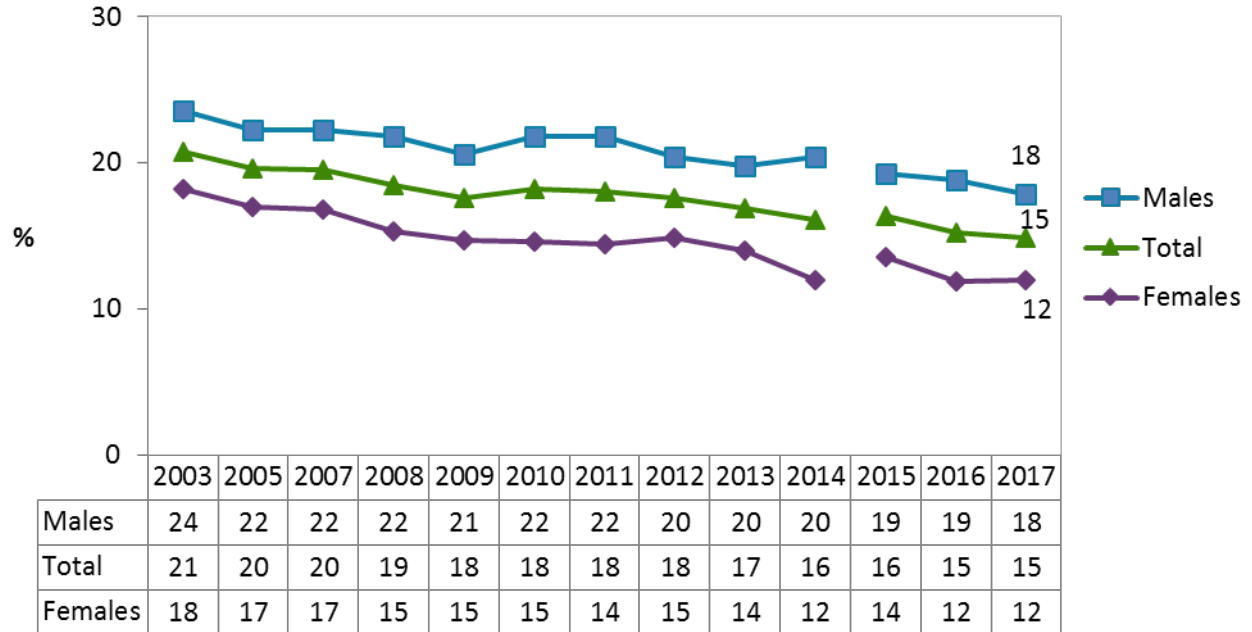
<sup>i</sup> Cigarette smoking in this Tobacco Product Use section includes having smoked in the past 30 days but does not include having smoked 100 cigarettes in one’s lifetime because lifetime quantity is not measured for the other forms of tobacco listed.

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

<sup>ii</sup> Waterpipes are also known as a hookah, shisha, nargeelay, hubble-bubble or gouza used to smoke tobacco.

previous years, males reported significantly higher prevalence of smoking compared to females in 2017 (18% vs. 12%).

**Figure 2-2: Current Smoking, by Sex, Ontario, 12+, 2003–17**

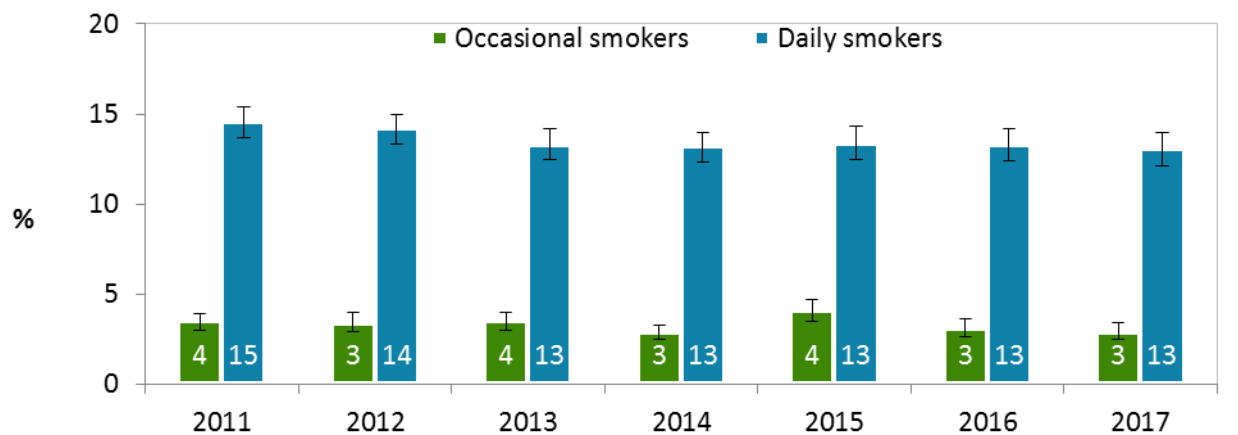


Note: Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Full data table for this graph provided in Appendix A ([Table 2A-2](#)).

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file.

Among Ontario adults aged 18 years and older, the prevalence of current smoking was 16%, with daily smoking at 13% and past month occasional smoking at 3% ([Figure 2-3](#)).

**Figure 2-3: Daily and Occasional Smoking, Ontario, 18+, 2011–17**



Note: The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Full data table for this graph provided in Appendix A ([Table 2A-3](#)).

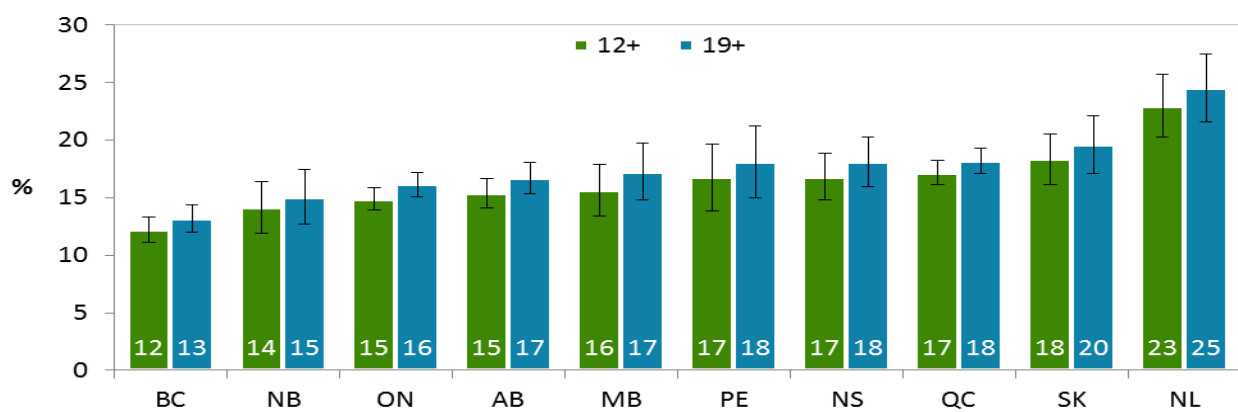
Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file.

### GEOGRAPHICAL PATTERNS OF CURRENT SMOKING

At the national level (excluding the territories) in 2017, 15.4% of Canadians aged 12 years and older reported current smoking. Across the ten Canadian provinces, current smoking among those aged 12 years and older ranged from 12% in British Columbia to 23% in Newfoundland and Labrador (CCHS, 2017; [Figure 2-4](#)). The rate of current smoking was significantly lower in British Columbia compared to Ontario (12% vs. 15%). Québec (17%), Saskatchewan (18%), and Newfoundland and Labrador (23%) had significantly higher rate of current smoking compared to Ontario.

In 2017, 16% of Ontarians aged 19 years or older (the legal age to be sold cigarettes) were current smokers (CCHS, 2017, [Figure 2-4](#)), representing 1,777,300 users.

**Figure 2-4: Current Smoking, by Province, Ages 12+ and 19+, Canada, 2017**



Note: Full data table for this graph provided in Appendix A ([Table 2A-4](#)).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

## SOCIODEMOGRAPHIC CHARACTERISTICS OF CURRENT SMOKERS

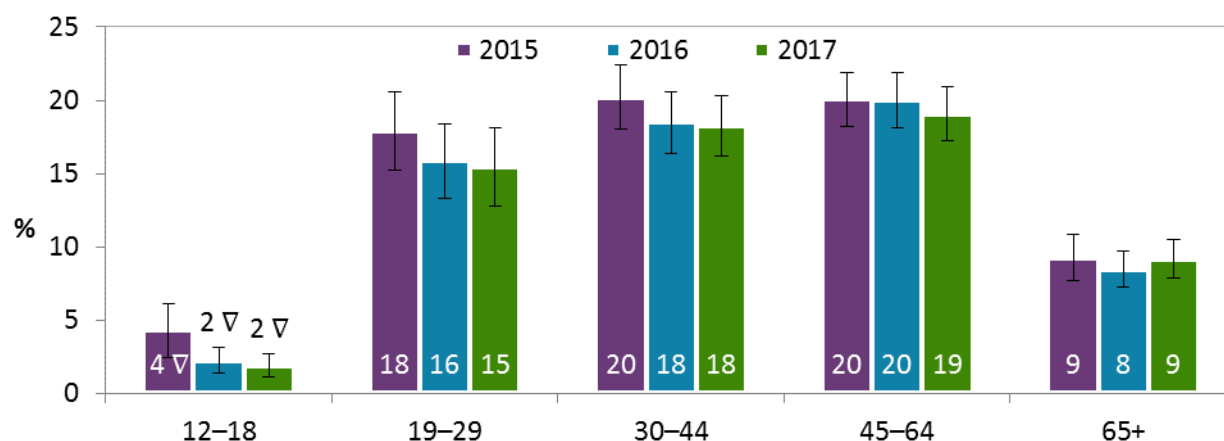
This section shows changes in current smoking prevalence by age, sex, educational attainment, household income, marital status, indigenous identity, cultural background, immigrant status, occupation, sexual orientation, and home ownership between 2015 and 2017.

### CURRENT SMOKING BY AGE AND SEX

In 2017, current smoking prevalence was 2%<sup>IC</sup> among 12–18 year-olds, 15% among 19–29 year-olds, 18% among 30–44 year-olds, 19% among 45–64 year-olds, and 9% among those aged 65 years and older (Figure 2-5; CCHS, 2017). The rates were significantly lower among youth (12–18 year-olds) and seniors (65 years and older) compared to the other age groups.

A significant reduction in smoking prevalence was seen among youth between 2015 (4%<sup>IC</sup>) and 2017 (2%<sup>IC</sup>). No other significant changes were seen between 2015 and 2017 among other age groups.

**Figure 2-5: Current Smoking by Age Groups, Ontario, 2015–17**

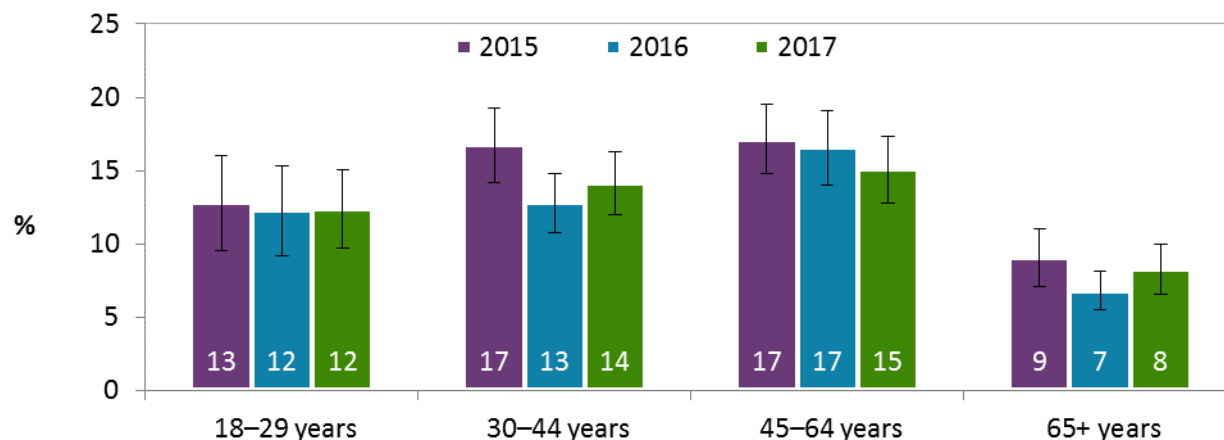


Note: ▽ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A (Table 2A-5).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

Among females in 2017, similar smoking prevalence was reported by 18–29 year-olds (12%), 30–44 year-olds (14%), and 45–64 year-olds (15%) (Figure 2-6; CCHS, 2017). Smoking prevalence among seniors (65 years and older) was significantly lower (8%) compared to the other age groups. Smoking prevalence did not differ significantly between 2015 and 2017 among any of the four female age groups.

**Figure 2-6: Current Smoking among Females by Age, Ontario, 2015–17**

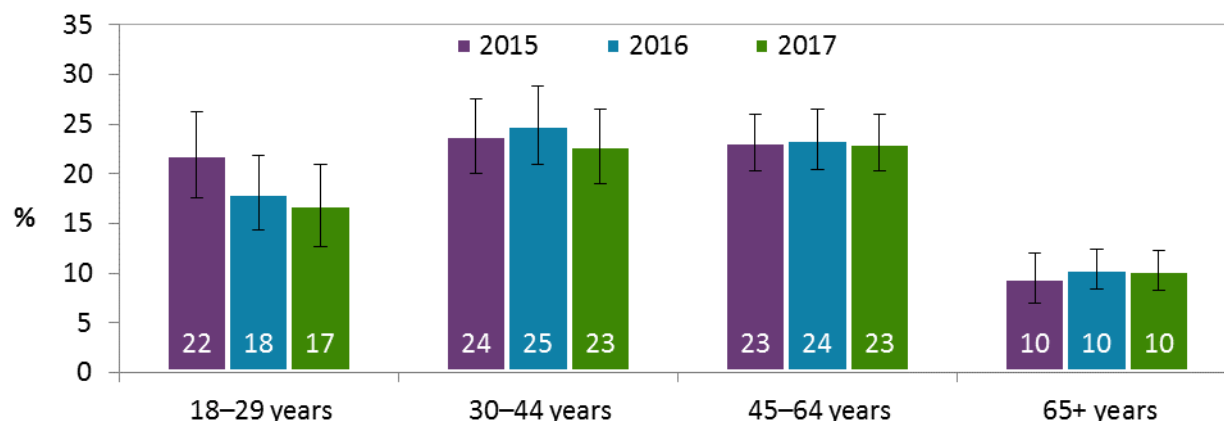


Note: Full data table for this graph provided in Appendix A ([Table 2A-6](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

In 2017, young-adult males (18–29 year-olds) reported significantly lower prevalence of smoking (17%) compared to those aged 30–44 years (23%) and 45–64 years (23%) ([Figure 2-7](#); CCHS, 2017). Smoking prevalence did not differ significantly between 2015 and 2017 among any of the four male age groups.

**Figure 2-7: Current Smoking among Males by Age, Ontario, 2015–17**



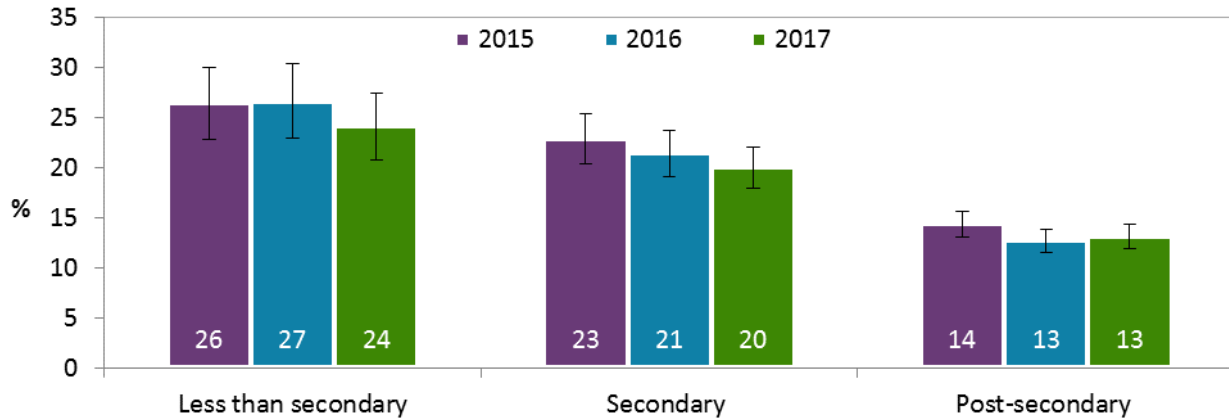
Note: Full data table for this graph provided in Appendix A ([Table 2A-7](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY EDUCATIONAL ATTAINMENT

Current smoking prevalence increased with lower levels of educational attainment. In 2017, Ontarians (aged 18 years and older) with less than secondary school education reported a significantly higher rate of current smoking (24%) compared to those with secondary education (but no post-secondary education) (20%), and those with post-secondary education (13%) ([Figure 2-8](#); CCHS, 2017). Smoking prevalence did not differ significantly between 2015 and 2017 among any educational groups.

**Figure 2-8: Current Smoking by Education, Ontario, 18+, 2015–17**



Note: Full data table for this graph provided in Appendix A ([Table 2A-8](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

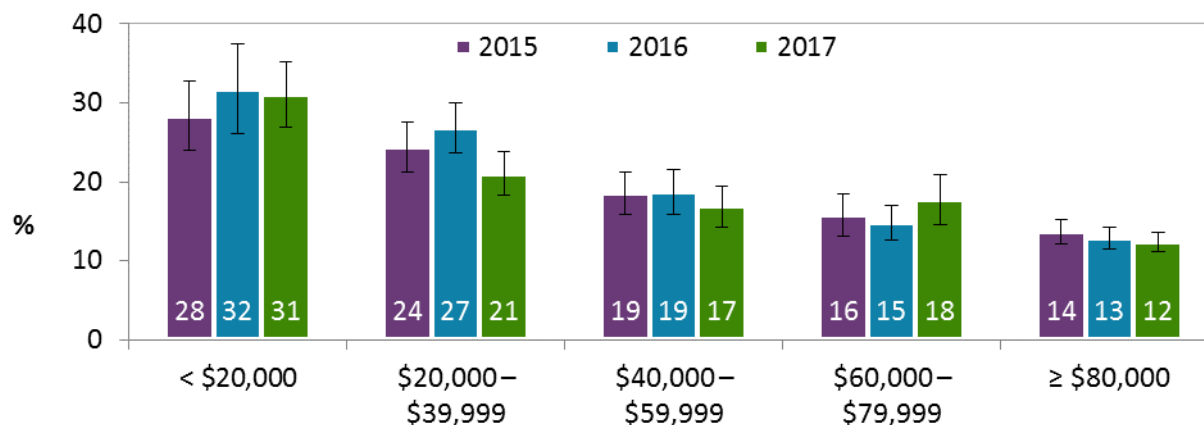
### **CURRENT SMOKING BY HOUSEHOLD INCOME**

In 2017, Ontarians (aged 18 years and older) with household income of less than \$20,000 reported significantly higher prevalence of smoking (31%) compared to all other income groups ([Figure 2-9](#); CCHS, 2017). Ontarians with household income of \$20,000–\$39,999 reported significantly higher prevalence of smoking (21%) compared to those with income of \$40,000–\$59,999 (17%) and \$80,000 or more (12%). Smoking prevalence of those with household income of \$80,000 or more was significantly lower compared to all lower income groups.

Smoking prevalence did not differ significantly between 2015 and 2017 among any income groups. Significant decline in smoking prevalence was reported only among those with household income of \$20,000–\$39,999 between 2016 (27%) and 2017 (21%).



**Figure 2-9: Current Smoking by Household Income, Ontario, 18+, 2015–17**



Note: In order to improve the quality of the income variables, linking to the tax data of respondents was introduced starting with the 2016 cycle of the CCHS and in the 2017 cycle imputed income amounts were introduced. Full data table for this graph provided in Appendix A ([Table 2A-9](#)).

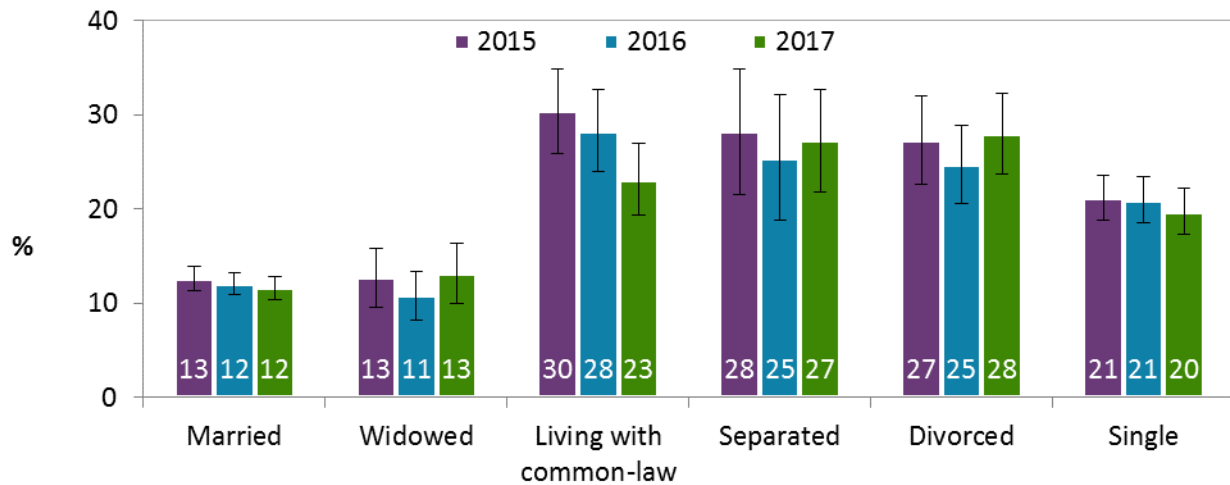
Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY MARITAL STATUS

In 2017, smoking prevalence among married (12%) and widowed (13%) Ontarians was significantly lower compared to those living with common-law partner (23%), separated from their spouse (27%), divorced (28%), and single (never married) (20%) ([Figure 2-10](#); CCHS, 2017). Single adults reported significantly lower prevalence of smoking compared to those who are separated from their spouse (27%) and divorced (28%).

Smoking prevalence declined significantly among those living with common law partner between 2015 (30%) and 2017 (23%). No other significant changes were reported between 2015 and 2017 amongst other groups.

**Figure 2-10: Current Smoking by Marital Status, Ontario, 18+, 2015–17**



Note: Full data table for this graph provided in Appendix A ([Table 2A-10](#)).

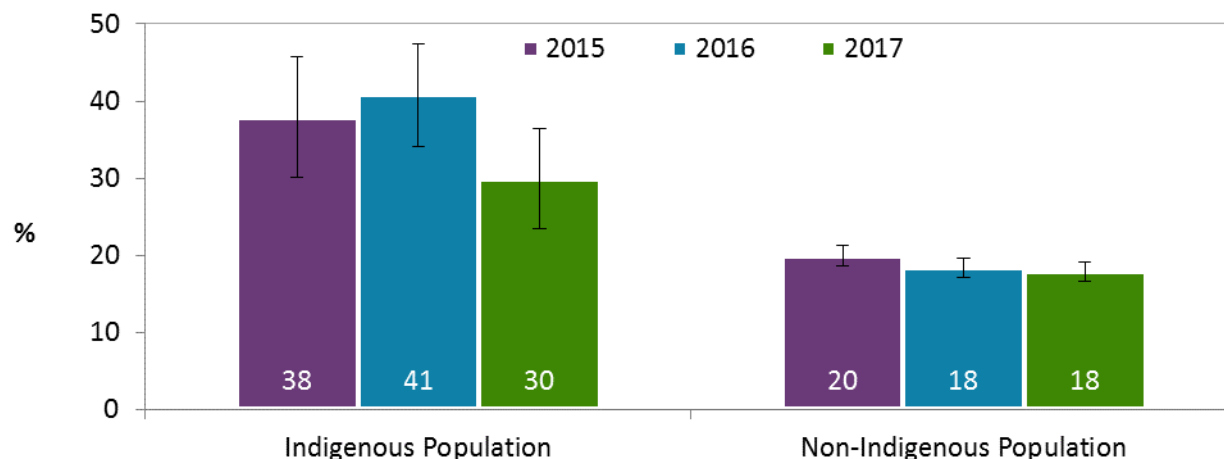
Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY INDIGENOUS IDENTITY

The current smoking prevalence among Ontario’s Indigenous population, living off reserve, was significantly higher compared to the non-Indigenous population ([Figure 2-11](#); CCHS, 2017). In 2017, adults who identified as Indigenous reported 12 percentage points higher smoking prevalence compared to non-Indigenous population.

Among Indigenous population, smoking prevalence showed a significant decline between 2016 (41%) and 2017 (30%), but showed no significant difference between 2015 (38%) and 2017 (30%). Among non-Indigenous adult population, smoking prevalence showed a significant decline between 2015 (20%) and 2017 (18%).

**Figure 2-11: Current Smoking by Indigenous Identity, Ontario, 18+, 2015–17**



Note: Indigenous population refers to those who identified as Aboriginal, that is, First Nations, Métis or Inuk (Inuit). The numbers reflect Indigenous people living off reserve—residents living on reserves were excluded from the survey's coverage. Full data table for this graph provided in Appendix A ([Table 2A-11](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### **CURRENT SMOKING BY CULTURAL BACKGROUND**

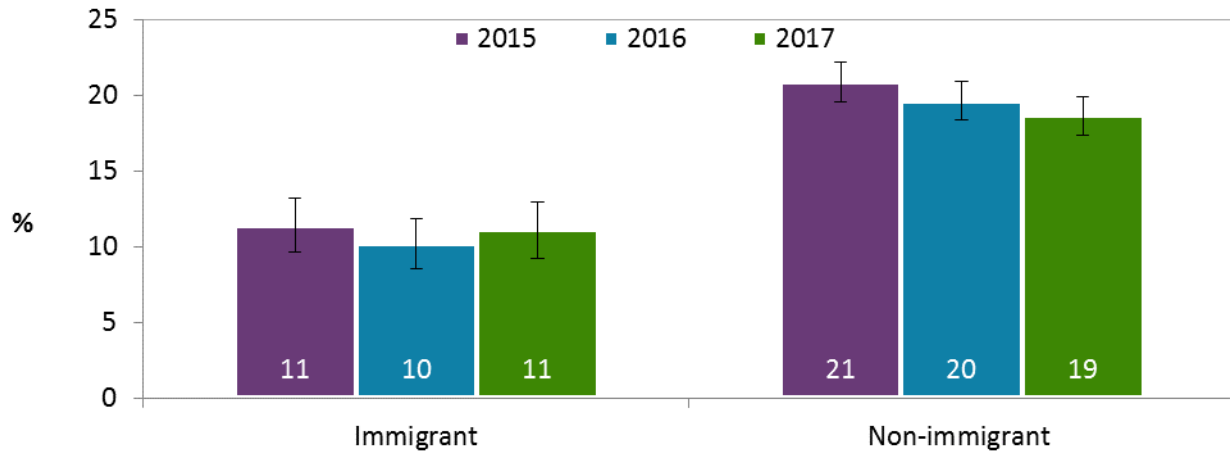
In 2017, current smoking was reported by 18% of Whites aged 18 years and older in Ontario (CCHS, 2017). This was significantly higher compared to the rate reported by South Asians (8%<sup>LC</sup>), Chinese (5%<sup>LC</sup>), and those from multiple racial or cultural backgrounds (7%<sup>LC</sup>) (CCHS, 2017; [Table 2A-12](#)).

### **CURRENT SMOKING BY IMMIGRANT STATUS**

In Ontario, non-immigrant adults (Canadian-born) reported significantly higher prevalence of smoking compared to landed immigrants or non-permanent residents ([Figure 2-12](#)). In 2017, current smoking was eight percentage points higher among non-immigrants compared to immigrants (19% vs. 11%).

Smoking prevalence declined significantly between 2015 and 2017 among non-immigrants (21% to 19%), but did not show any difference in rates among immigrants.

**Figure 2-12: Current Smoking by Immigrant Status, Ontario, 18+, 2015–17**



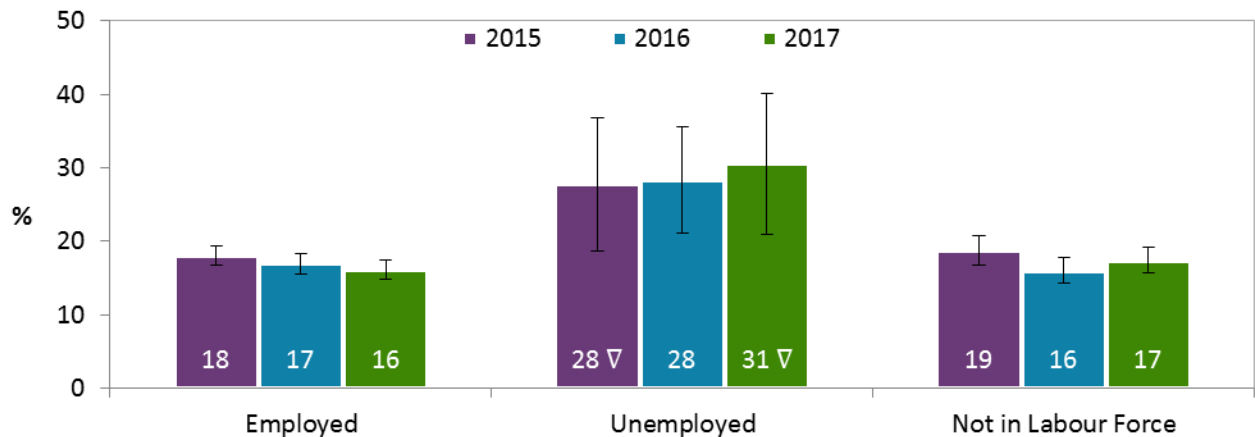
Note: Full data table for this graph provided in Appendix A ([Table 2A-13](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY OCCUPATION

In 2017, unemployed adults in Ontario reported higher smoking prevalence (31%<sup>(c)</sup>) compared to those who were employed (16%) or those not in labour force (17%) ([Figure 2-13](#); CCHS, 2017). Smoking prevalence among employed individuals declined significantly between 2015 (18%) and 2017 (16%). No significant change in smoking prevalence was reported among those unemployed and not in labour force.

**Figure 2-13: Current Smoking by Employment Status (Past Week), Ontario, 18+, 2015–17**

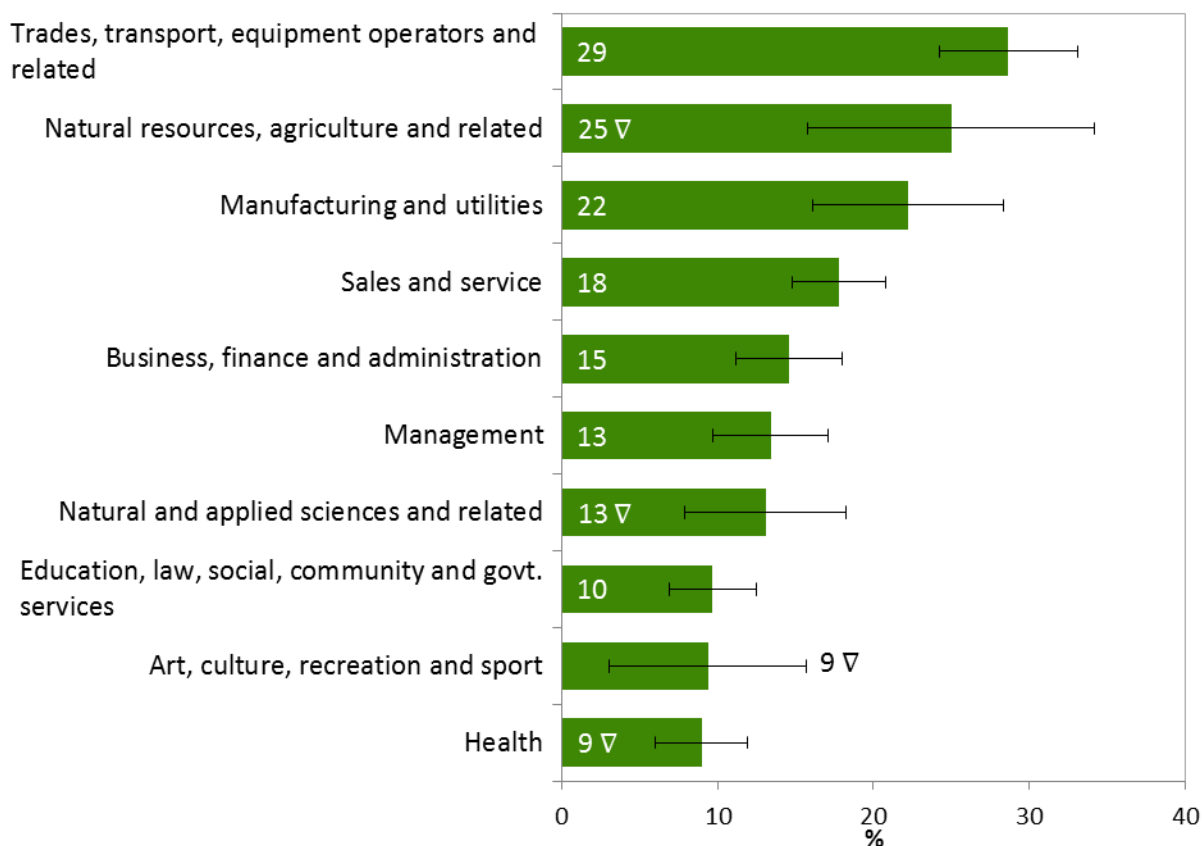


Note: ∇ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-14](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

In 2017, Ontarians who worked in trades, transport, equipment operators and related (29%) reported significantly higher rates of smoking compared to those who worked in sales and service (18%), business, finance, and administration (15%), management (13%), natural and applied sciences and related (13%<sup>IC</sup>), education, law, social, community, and government services (10%), art, culture, recreation, and sport (9%<sup>IC</sup>), and health (9%<sup>IC</sup>) (Figure 2-14; CCHS, 2017). Smoking prevalence did not differ significantly among those who worked in trades, transport, equipment operators and related (29%), natural resources, agriculture and related (25%<sup>IC</sup>), and manufacturing and utilities (22%).

**Figure 2-14: Current Smoking by Occupational Groups, Ontario, 18+, 2017**



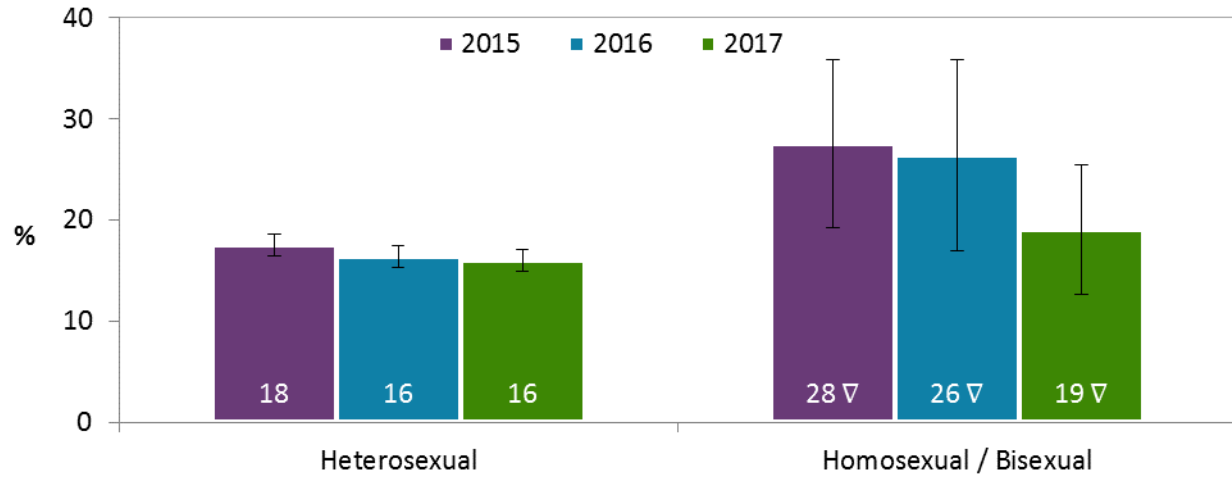
Note: ∇ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix (Table 2A-15).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

### CURRENT SMOKING BY SEXUAL ORIENTATION

In 2017, smoking prevalence reported by Ontarians who identified as homosexual and bisexual (19%<sup>IC</sup>) did not differ significantly from the heterosexual population (16%) (Figure 2-15). However, in 2015 and 2016 smoking prevalence among homosexual and bisexual population was significantly higher compared to the heterosexual population. In 2017, the homosexual and bisexual population reported a lower smoking prevalence compared 2015. (19%<sup>IC</sup> vs. 28%<sup>IC</sup>).

**Figure 2-15: Current Smoking by Sexual Orientation, Ontario, 18+, 2015–17**



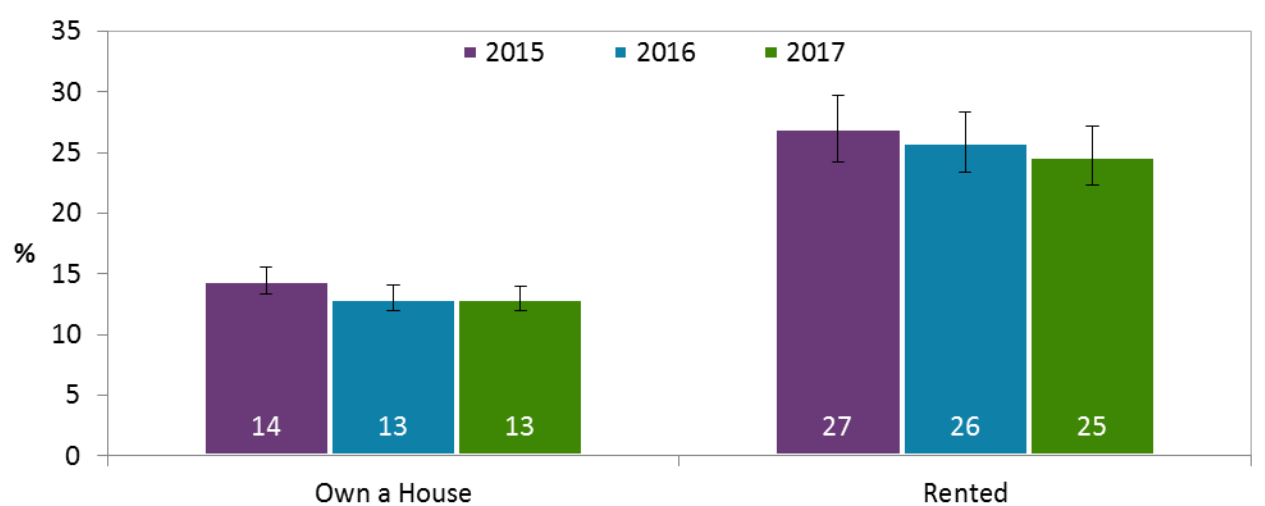
Full data table for this graph provided in Appendix A ([Table 2A-16](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY HOME OWNERSHIP

Ontarians in rental dwellings reported significantly higher prevalence of smoking compared to those who lived in a house that was owned by member of the household ([Figure 2-16](#)). In 2017, smoking prevalence was 12 percentage points higher among renters (25%) compared to home owners (13%). Smoking prevalence did not differ significantly between 2015 and 2017 among the two groups.

**Figure 2-16: Current Smoking by Home Ownership, Ontario, 18+, 2015–17**



Note: Full data table for this graph provided in Appendix A ([Table 2A-17](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

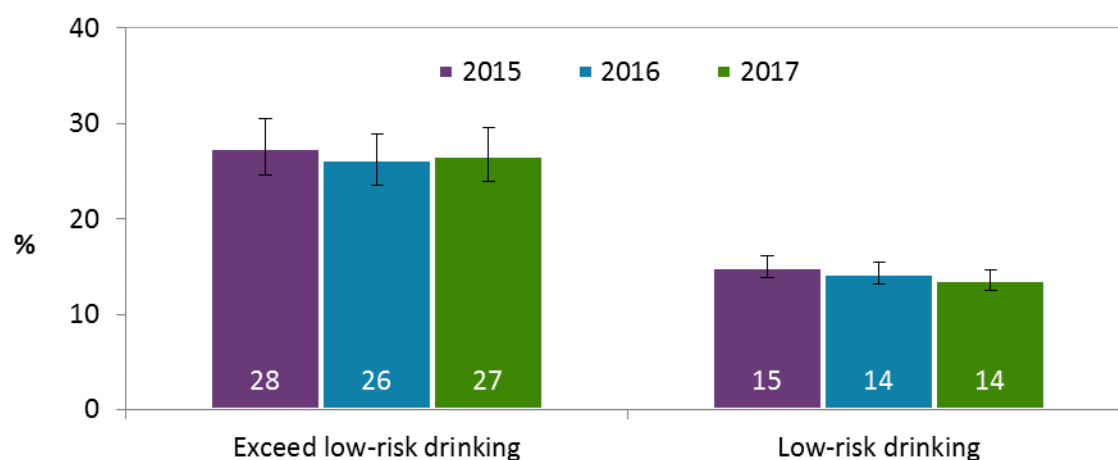
## RISKY BEHAVIOURS AMONG CURRENT SMOKERS

This section shows changes in current smoking prevalence by alcohol consumption and illicit drug use between 2015 and 2017.

### CURRENT SMOKING BY ALCOHOL CONSUMPTION

Ontarians who exceeded Canada's Low-Risk Alcohol Drinking Guidelines (LRADG) reported higher smoking rates compared to those who did not exceed the drinking guidelines ([Figure 2-17](#)). LRADG for women is no more than 10 drinks a week and no more than 2 drinks per day, with more than 2 non-drinking days a week. LRADG for men is no more than 15 drinks a week and no more than 3 drinks per day, with more than 2 non-drinking days a week. In 2017, 27% of Ontarians who exceeded drinking guidelines reported current smoking. Current smoking was 13 percentage points higher among those who exceeded low-risk drinking compared to those with low-risk drinking. Smoking prevalence did not differ significantly between 2015 and 2017 among the two groups.

**Figure 2-17: Current Smoking, by Alcohol Consumption, 18+, Ontario, 2015–17**



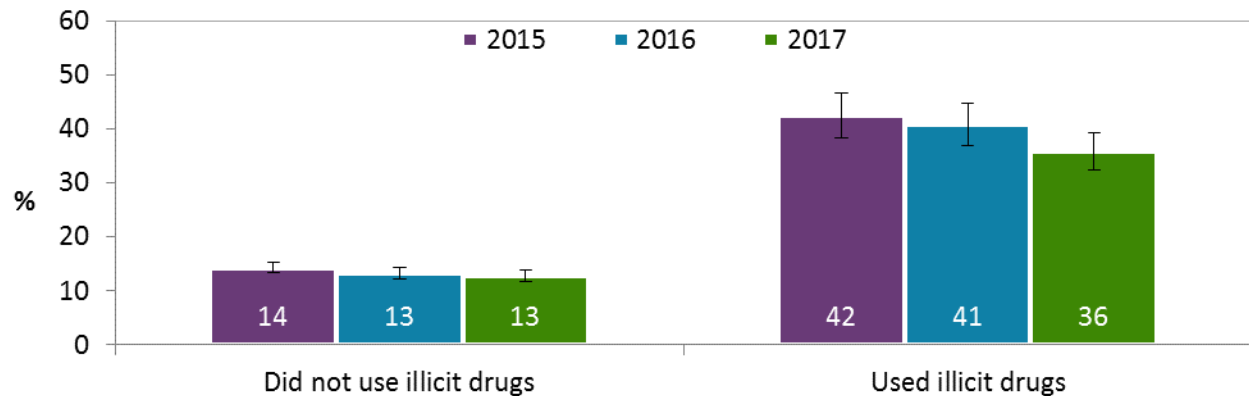
Note: According to the LRADG, those who exceed the low-risk drinking guideline are at increased long-term risk of chronic diseases. Full data table for this graph provided in Appendix A ([Table 2A-18](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY ILLICIT DRUG USE

Ontario adults who used illicit drugs (marijuana, hashish, cocaine, amphetamines, speed, methamphetamines, crystal, ecstasy, hallucinogens, glue, gasoline, other solvents, or injected a non-prescribed drug) in the past 12 months reported significantly higher rate of smoking compared to those who did not use illicit drugs ([Figure 2-18](#)). In 2017, 36% of illicit drug users reported current smoking compared to 13% non-illicit drug users. Smoking prevalence declined significantly between 2015 and 2017 among illicit drug users (42% to 36%) and non-illicit drug users (14% to 13%) and did not show any significant difference between 2016 and 2017.

**Figure 2-18: Current Smoking by Use of illicit Drugs, Ontario, 18+, 2015–17**



Note: Illicit drug use is defined as use of marijuana, hashish, cocaine, amphetamines, speed, methamphetamines, crystal, ecstasy, hallucinogens, glue, gasoline, other solvents, or injected a non-prescribed drug) in the last 12 months. Full data table for this graph provided in Appendix A ([Table 2A-19](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

## **CHRONIC DISEASE RISK FACTORS AMONG CURRENT SMOKERS**

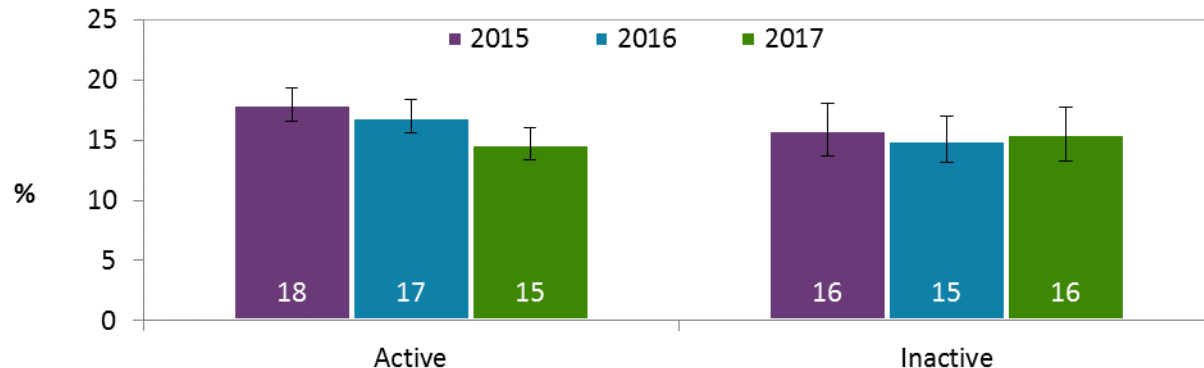
This section shows changes in current smoking prevalence by physical activity, weight status, unhealthy eating, and food insecurity between 2015 and 2017.

### **CURRENT SMOKING BY PHYSICAL ACTIVITY**

In 2017, smoking prevalence among those who were physically active was 15% and it did not differ significantly from those who were inactive (16%) ([Figure 2-19](#)). Physically active was defined using the Canadian Physical Activity Guidelines (CPAG), which recommends at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, in bouts of 10 minutes or more. Smoking prevalence among those who were physically active declined significantly in 2017 compared to 2015 (15% vs. 18%) and 2016 (15% vs. 17%). No significant change in smoking prevalence was reported among those who were physically inactive between 2015 and 2017.



**Figure 2-19: Current Smoking by Level of Physical Activity, Ontario, 18+, 2015–17**



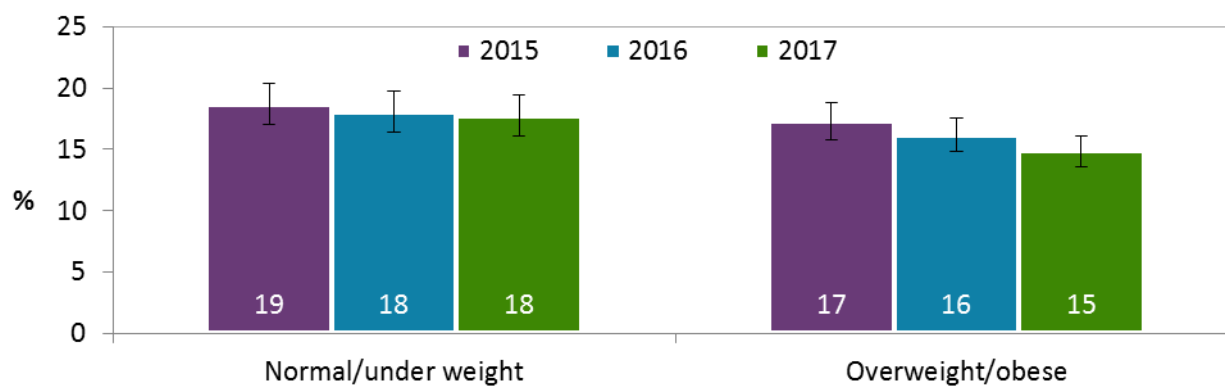
Note: Physically active was as at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, in bouts of 10 minutes or more. Full data table for this graph provided in Appendix A ([Table 2A-20](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY WEIGHT STATUS

In 2017, smoking prevalence of overweight and obese population was significantly lower than the normal and underweight population (15% vs. 18%) ([Figure 2-20](#); CCHS, 2017). Among those who were overweight and obese smoking prevalence significantly declined from 2015 to 2017 (17% to 15%). Weight status was defined based on self-reported measures for height and weight. Body Mass Index of 25.00 to 29.99 were classified as overweight and 30 or greater were classified as obese.

**Figure 2-20: Current Smoking by Weight Status, Ontario, 18+, 2015–17**



Note: Weight status is defined based on the body weight classification system recommended by Health Canada and the World Health Organization. Full data table for this graph provided in Appendix A ([Table 2A-21](#)).

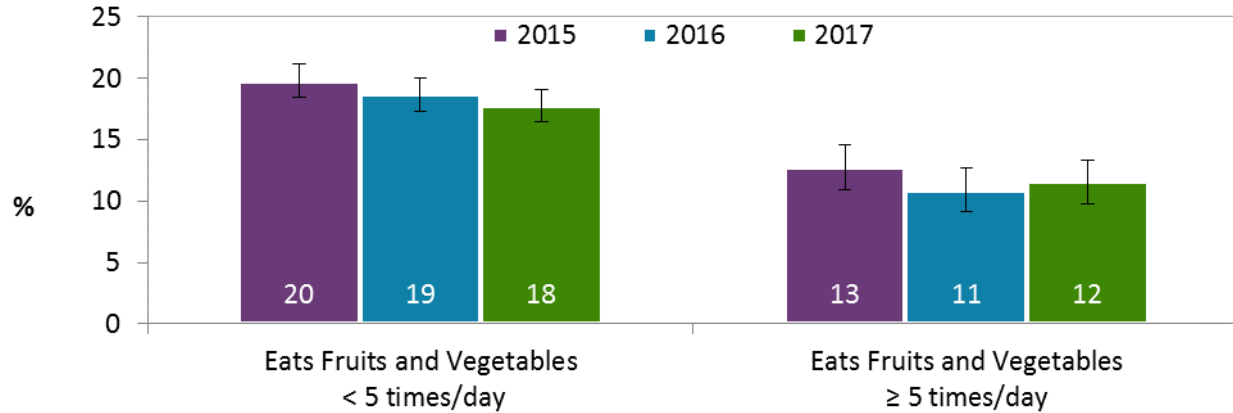
Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY UNHEALTHY EATING

Current smoking prevalence was significantly higher among unhealthy eaters, who consumed less than five servings of fruits and vegetables per day, compared to healthy eaters ([Figure 2-21](#)). In 2017, 18% of

unhealthy eaters in Ontario reported current smoking compared to 12% of healthy eaters. Smoking prevalence declined significantly among unhealthy eaters from 2015 to 2017 (20% to 18%).

**Figure 2-21: Current Smoking by Fruit and Vegetable Consumption, Ontario, 18+, 2015–17**



Note: Full data table for this graph provided in Appendix A ([Table 2A-22](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY FOOD INSECURITY

In 2017, a third of Ontario adults with food insecurity (33%, representing 265,900 individuals) reported current smoking (CCHS, 2017; data not shown). Food insecurity was defined as compromised quality and/or quantity of food consumed, reduced food intake, and disrupted eating patterns.

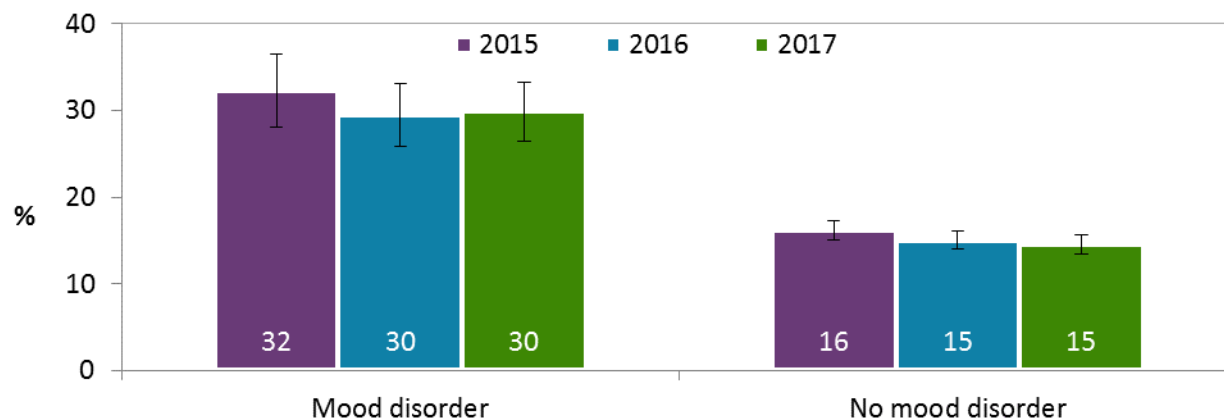
### MENTAL HEALTH RISK FACTORS AMONG CURRENT SMOKERS

This section shows changes in current smoking prevalence by mood disorder and perceived life stress between 2015 and 2017.

### CURRENT SMOKING BY MOOD DISORDER

Ontarians with self-reported mood disorder (depression, bipolar, mania, dysthymia) reported significantly higher smoking prevalence compared to those without mood disorder ([Figure 2-22](#)). In 2017, smoking prevalence among those with mood disorder was twofold higher compared to those without mood disorder (30% vs. 15%). Smoking prevalence did not differ significantly between 2015 and 2017 among the two groups.

**Figure 2-22: Current Smoking, by Mood Disorder, 18+, Ontario, 2015–17**



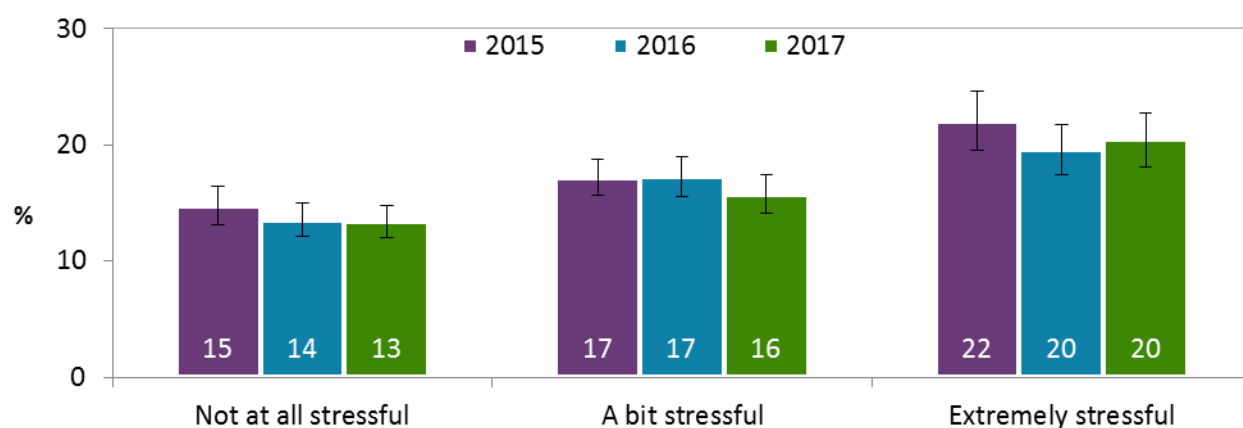
Note: Full data table for this graph provided in Appendix A ([Table 2A-23](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY PERCEIVED LIFE STRESS

Current smoking prevalence increased with higher levels of perceived life stress. In 2017, Ontarians with extremely stressful life (20%) reported significantly higher rate of smoking compared to those who perceived life as a bit stressful (16%) and not at all stressful (13%) ([Figure 2-23](#)). Smoking rate also differed significantly between those who perceived life as bit stressful (16%) and not at all stressful (13%). Smoking prevalence did not differ significantly between 2015 and 2017 among any of the three groups.

**Figure 2-23: Current Smoking, by Life Stress Level, 18+, Ontario, 2015–17**



Note: Full data table for this graph provided in Appendix A ([Table 2A-24](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

## OTHER SOCIAL DETERMINANTS OF HEALTH AMONG CURRENT SMOKERS

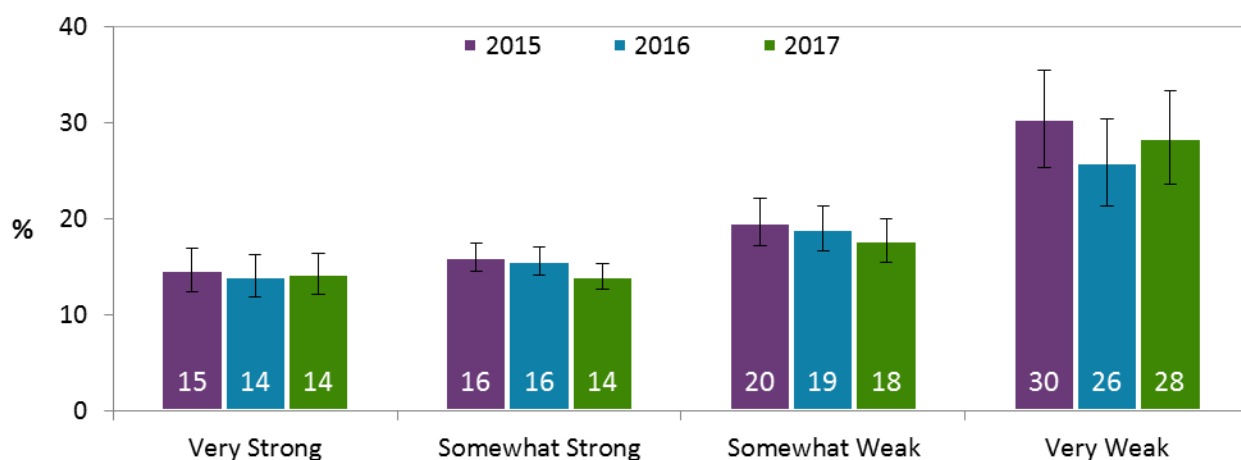
This section shows changes in current smoking prevalence by sense of belonging to community and access to a family doctor between 2015 and 2017.

### CURRENT SMOKING BY SENSE OF BELONGING TO COMMUNITY

Ontarians with very weak sense of belonging to their community reported significantly higher prevalence of smoking compared to everyone else ([Figure 2-24](#)). In 2017, current smoking prevalence among those with very weak (28%) sense of belonging was 10 percentage points higher than those with somewhat weak (18%) sense of belonging, and 14 percentage points higher than those with very strong (14%) and somewhat strong (14%) sense of belonging to their community.

Smoking prevalence declined significantly among those with somewhat strong sense of belonging to their community between 2015 (16%) and 2017 (14%). No other significant changes were reported among the other groups.

**Figure 2-24: Current Smoking by Sense of Belonging to Community, Ontario, 18+, 2015–17**



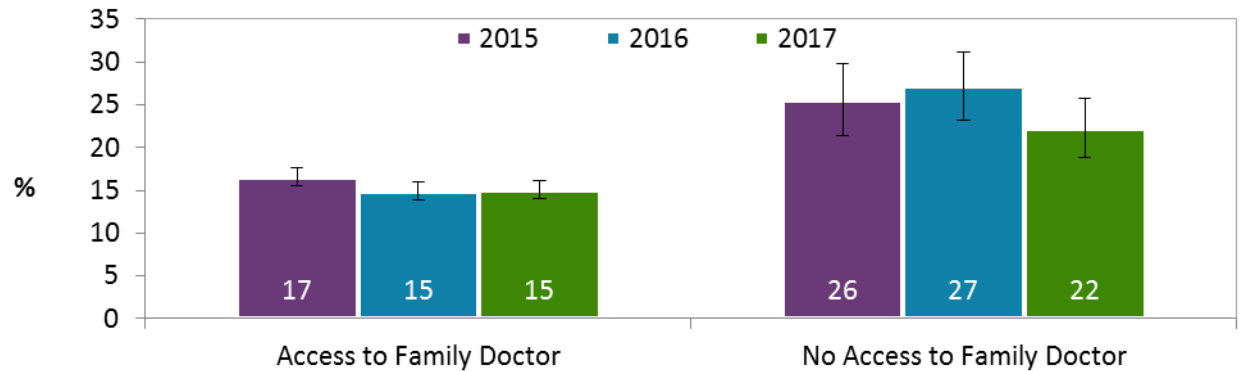
Note: Full data table for this graph provided in Appendix A ([Table 2A-25](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### CURRENT SMOKING BY ACCESS TO FAMILY DOCTOR

Ontarians without access to family doctor reported significantly higher prevalence of smoking compared to those with access to regular family doctor or general practitioner ([Figure 2-25](#)). In 2017, 22% of Ontarians without regular access to family doctor reported current smoking, whereas only 15% of those with access to family doctor reported current smoking. Smoking prevalence among those with access to family doctor declined significantly between 2015 and 2017 (17% to 15%) and no significant changes were reported among those without access to regular family doctor.

**Figure 2-25: Current Smoking by Access to Doctor, Ontario, 18+, 2015–17**



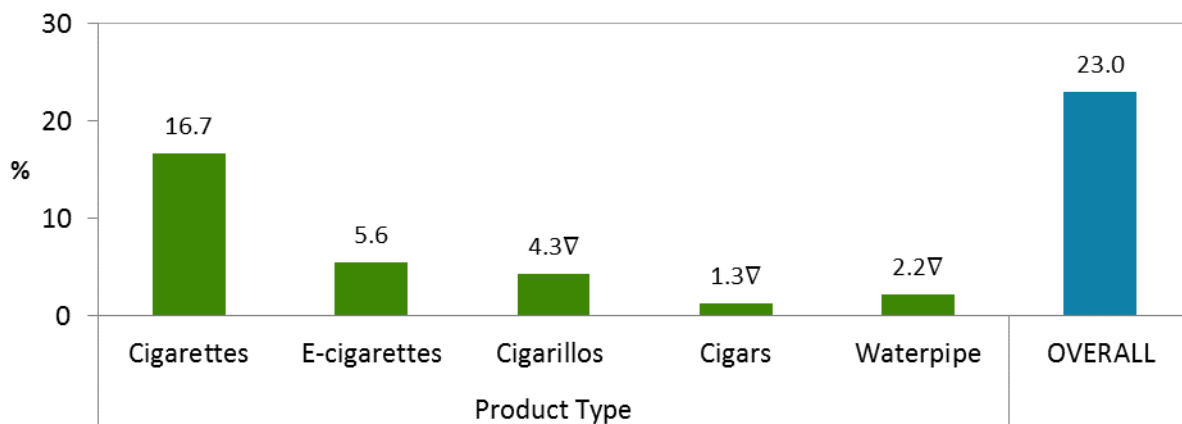
Note: Full data table for this graph provided in Appendix A ([Table 2A-26](#)).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

### Tobacco Product Use among Young Adults

In 2017, 21% of Ontarians aged 18–29 years reported using tobacco products (excluding e-cigarettes) in the past 30 days. This represents 470,600 young adults (CCHS, 2017; data not shown). Inclusion of past month vaping of e-cigarettes increases the overall prevalence of tobacco use to 23% (or 517,300 users) ([Figure 2-26](#)). (Note: these estimates include co-use and therefore do not sum to the total overall population estimate of tobacco product use).

**Figure 2-26: Tobacco Use (Past 30 Days) among Young Adults, by Product Type, Ontario, 18–29 years, 2017**



Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. These estimates include co-use and therefore do not sum to the total overall population estimate of tobacco product use. ∇ = Interpret with caution: subject to moderate sampling variability.

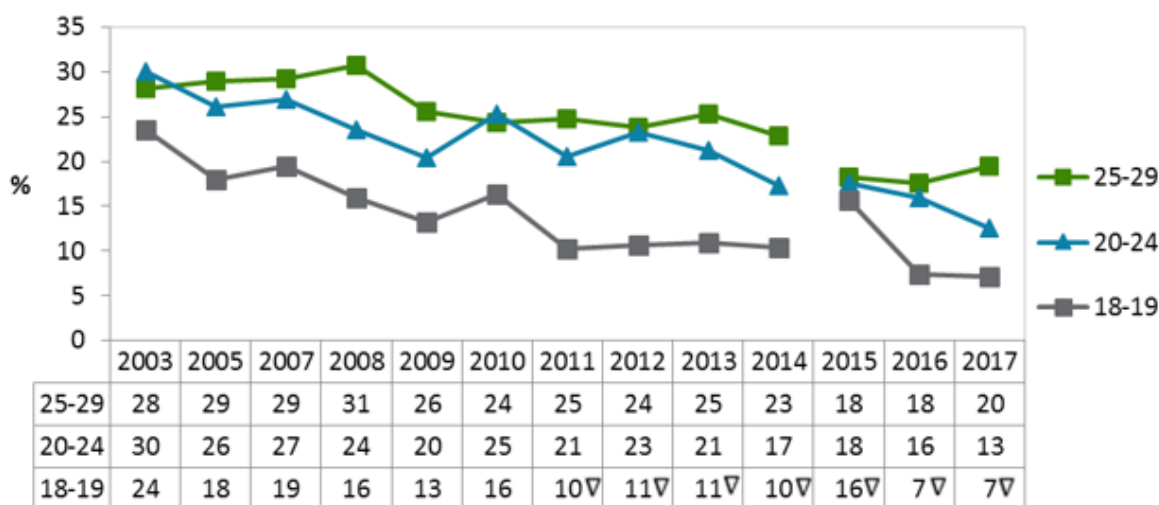
Use of pipe and smokeless tobacco were suppressed due to high sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-27](#)).

Source: Canadian Community Health Survey (CCHS) 2017 Share file

## Cigarette Use among Young Adults

In 2017, 14.6% of Ontarians aged 18–29 years were current smokers (CCHS, 2017), representing 329,400 individuals. This did not show a significant change from 2015 (17.5%) (data not shown; CCHS, 2015–17). Current smoking among 20–24 year-olds (13%) and 25–29 year-olds (20%) was significantly higher compared to those aged 18–19 years (7%)<sup>(c)</sup> (Figure 2-27; CCHS, 2017).

**Figure 2-27: Current Smoking among Young Adults (18–29 years), Ontario, 2003–17**



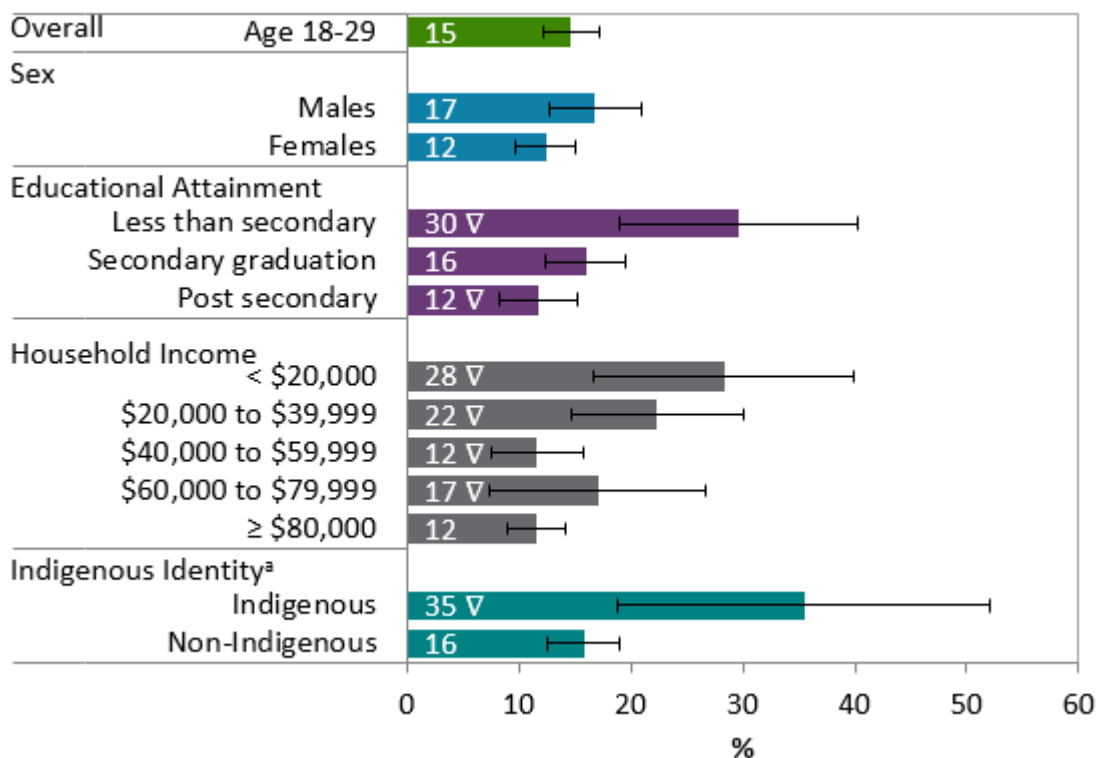
Note: ∇ = Interpret with caution: subject to moderate sampling variability. Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Full data table for this graph provided in Appendix A (Table 2A-28).

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file

## DEMOGRAPHIC CHARACTERISTICS OF YOUNG ADULT CURRENT SMOKERS

Among young adults, a statistically significant difference was not detected between current smoking prevalence among males (17%) compared to females (12%) (Figure 2-28; CCHS, 2017). Young adults with less than secondary education reported a significantly higher rate of smoking (30%<sup>(c)</sup>) compared to those who had completed secondary education (16%) and some post-secondary education (12%<sup>(c)</sup>). Young adults with a household income of less than \$20,000 reported a significantly higher rate of smoking (28%<sup>(c)</sup>) compared to those with \$40,000 to \$59,999 (12%<sup>(c)</sup>) and ≥ \$80,000 (12%). The highest prevalence of smoking was reported among young adults with Indigenous identity (35%<sup>(c)</sup>) and it was significantly higher compared to the non-Indigenous population (16%).

**Figure 2-28: Current Smoking among Young Adults (18–29 Years), by Demographics, Ontario, 2017**



Note: <sup>a</sup> Indigenous identity refers to those who identified as Aboriginal, that is, First Nations, Métis or Inuk (Inuit). The numbers reflect Indigenous people living off reserve. ∇ = Interpret with caution: subject to moderate sampling variability. Vertical lines at top of bars represent 95% confidence intervals. Full data table for this graph provided in Appendix A (Table 2A-29).

Source: Canadian Community Health Survey (CCHS) 2017 Share file

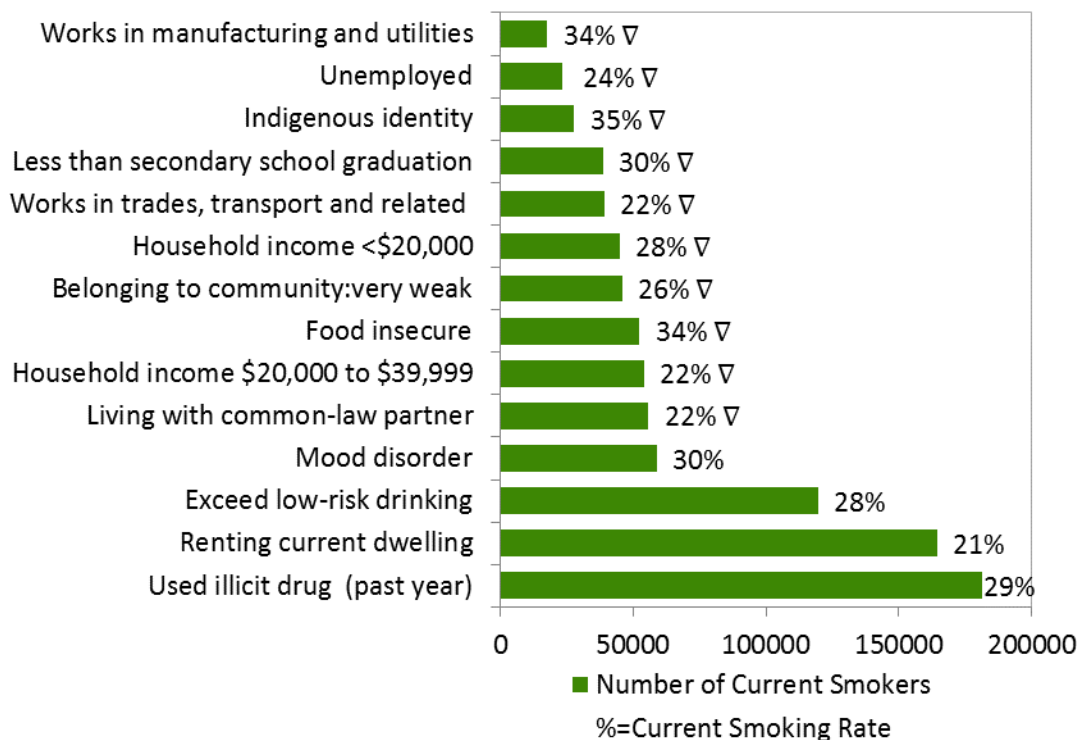
### PRIORITY POPULATION AMONG YOUNG ADULT SMOKERS

In Figure 2-29, subpopulations with a current smoking rate of 20% or more are shown along with the number of smokers represented within each group. A detailed list of indicators examined can be found in Appendix B (Table 2B-1). Among young adults (18–29 years), the highest rate of current smoking was reported among those who identified as Indigenous (35%<sup>IC</sup>), reported food insecurity (34%<sup>IC</sup>), and worked in manufacturing and utilities (34%<sup>IC</sup>) (CCHS, 2017; Figure 2-29).

Among young adults with high rate of smoking (≥20%), higher numbers of smokers were represented among those who used illicit drugs (including cannabis) in the past year (181,200), lived in rental dwelling (164,300), and reported excess alcohol consumption (119,500) (CCHS, 2017; Figure 2-29). Some subpopulations had high a smoking rate but made up a smaller portion of smokers (e.g., the off-reserve Indigenous population: smoking rate of 35%, represented 27,900 smokers); conversely some populations had a lower smoking rate but accounted for higher numbers of smokers (e.g., lived in rental

dwelling: smoking rate of 21%, represented 164,300). (Note: smokers may belong to multiple subpopulations examined in [Figure 2-29](#)).

**Figure 2-29: Priority Populations with High Rate of Smoking ( $\geq 20\%$ ) and Number of Smokers, Ontario, 18–29 Years, 2017**



Note: ▽ = Interpret with caution: subject to moderate sampling variability. Smoking is defined as having smoked cigarettes in the past 30 days and having smoked 100 cigarettes in one’s lifetime. Indicator definitions are provided in Appendix ([Table 2B-1](#)). Populations are not mutually exclusive and individuals may appear in more than one category. Full data table for this graph provided in Appendix A ([Table 2A-30](#)).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

## Tobacco Product Use among Youth

According to the 2017 CCHS, 6.8%<sup>IC</sup> of Ontarians aged 12–18 years reported using tobacco products (excluding e-cigarettes) in the past 30 days. This represents 73,700 individuals (data not shown).

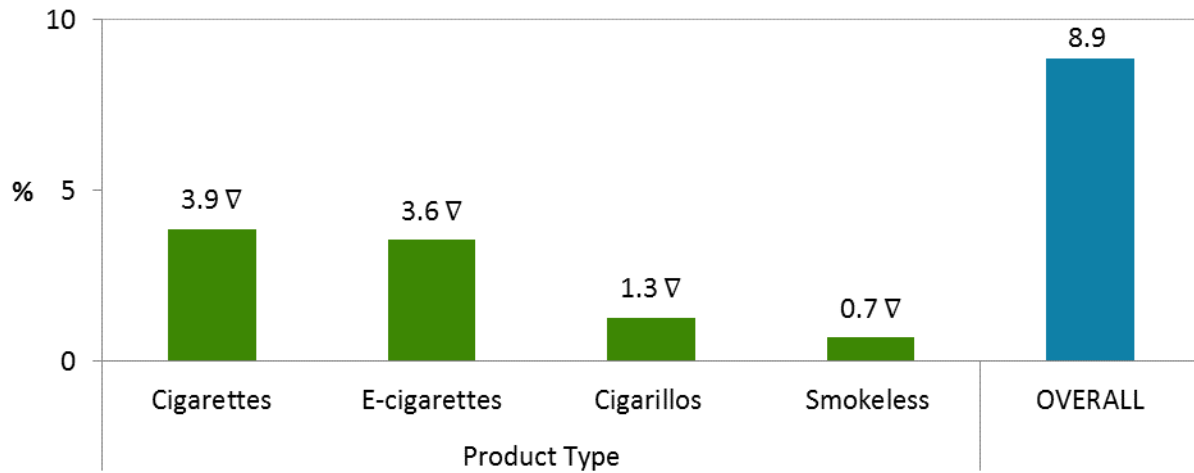
Inclusion of past month vaping of e-cigarettes increases the overall prevalence of tobacco use to 8.9% (or 95,600 individuals) ([Figure 2-30](#)). In 2017, 3.9%<sup>IC</sup> of youth aged 12–18 years smoked cigarettes in the past 30 days<sup>i</sup>, 3.6%<sup>IC</sup> used e-cigarettes, 1.3%<sup>IC</sup> smoked cigarillos, 0.7%<sup>IC</sup> used smokeless tobacco ([Figure](#)

<sup>i</sup>Cigarette smoking in this Tobacco Product Use section includes having smoked in the past 30 days but does not include having smoked 100 cigarettes in one’s lifetime.



2-30) (Note: these estimate include co-use and therefore do not sum to the total overall population estimate of tobacco product use).

**Figure 2-30: Tobacco Use (Past 30 Days) among Youth, by Product Type, Ontario, 12–18 years, 2017**



Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. Data for cigar, waterpipe, and pipe were suppressed due to extreme sampling variability. ▽ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A (Table 2A-31).

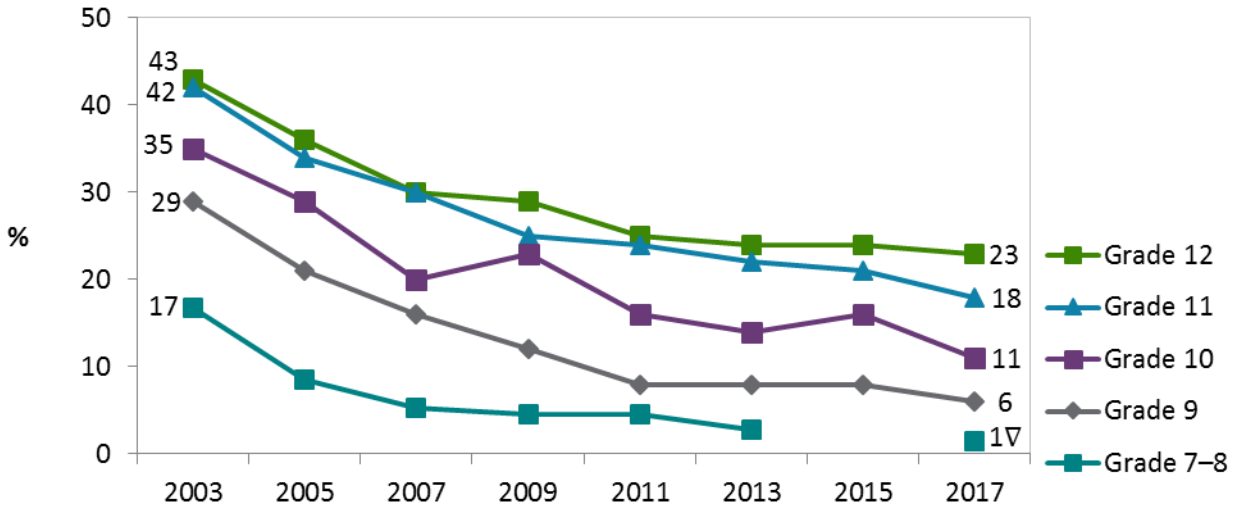
Source: Canadian Community Health Survey (CCHS) 2017 Share file

### Cigarette Use among Youth

According to the 2017 Ontario Student Drug Use and Health Survey (OSDUHS), 11.6% of students in grades 7–12 reported smoking cigarettes in the past year (Table 2A-32). This did not show a statistically significant change from 2013 (14.1%) and 2015 (14%) (Table 2A-32).

In 2017, students in grade nine reported significantly lower rate of smoking (6%) compared to all higher grades (Figure 2-31). Grade 10 students' past-year smoking was significantly lower (11%) compared to grade 11 (18%) and 12 (23%).

**Figure 2-31: Past-Year Smoking by Grades 7–12, Ontario, 2003–17**

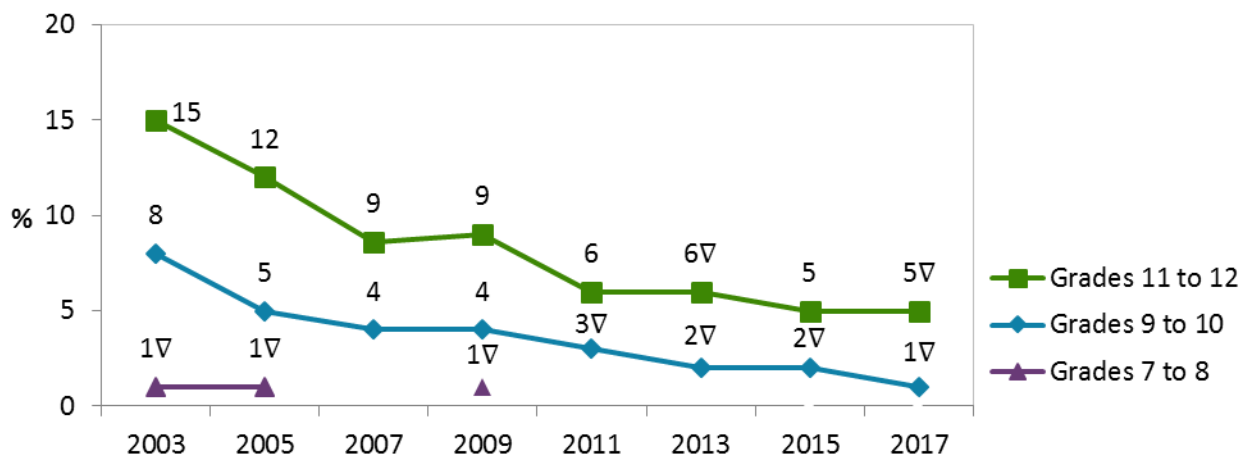


Note: ∇ = Interpret with caution: subject to moderate sampling variability. In 2015, data for students in grades 7–8 was suppressed due to extreme sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-32](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2003–17.

In 2017, 2.3% of students in grades 7–12 reported smoking in the past month and there was no significant change from 2013 (3.3%) and 2015 (3.1%) (OSDUHS, 2013–15; [Table 2A-33](#)). In 2017, past 30-day current smoking was significantly higher among students in grades 11–12 compared to students in grades 9–10 (5%<sup>IC</sup> vs. 1%<sup>IC</sup>) ([Figure 2-32](#)).

**Figure 2-32: Current Smoking, by Grade, Ontario, 2003–17**



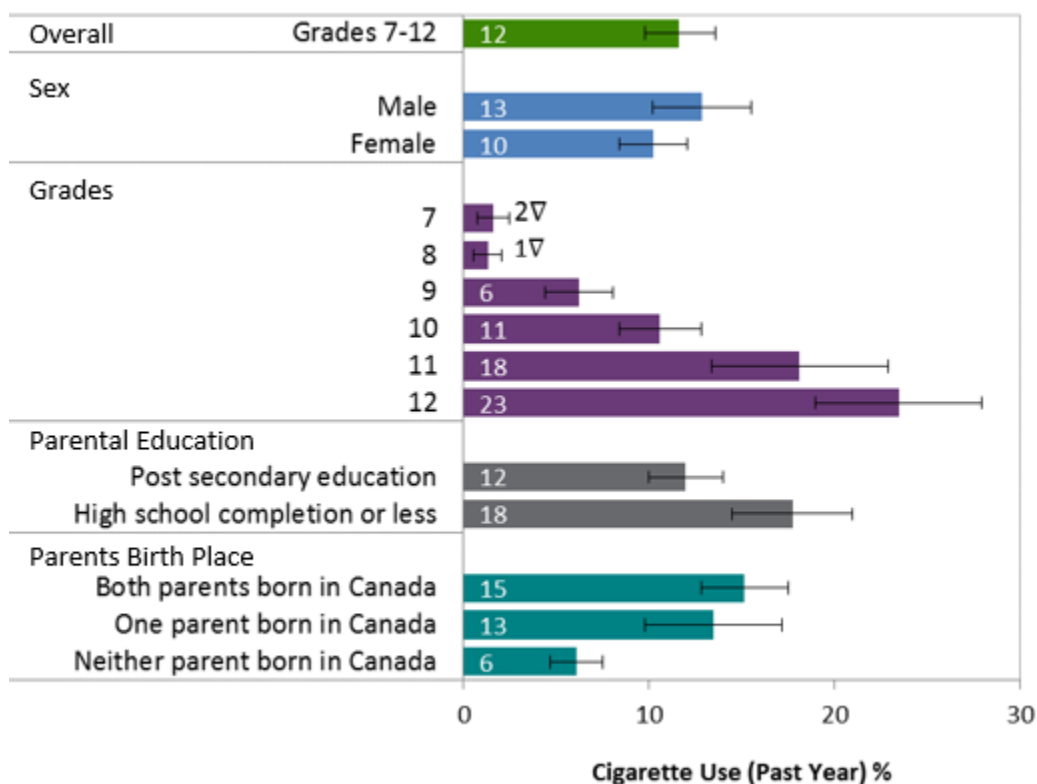
Note: ∇ = Interpret with caution: subject to moderate sampling variability. From 2011 to 2017 and in 2007 data for students in grades 7–8 was suppressed due to extreme sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-33](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2003–17.

## DEMOGRAPHIC CHARACTERISTICS OF YOUTH CIGARETTE SMOKERS

Among students in grades 7–12, 13% of males reported smoking a cigarette in the past year compared to 10% of females (Figure 2-33; OSDUHS, 2017). The current smoking rate increased with higher grades. Students whose parents' education was high school or less, reported six percentage-points higher rate of past year cigarette smoking compared to those with parents with post-secondary education (18% vs. 12%). Students with Canadian-born parents (15%) or one Canadian-born parent (13%) reported a higher rate of past year smoking compared to those with foreign-born parents (6%).

**Figure 2-33: Cigarette Use (Past Year), by Demographics, Ontario, Grades 7–12, 2017**



Note: <sup>∇</sup> = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A (Table 2A-34).

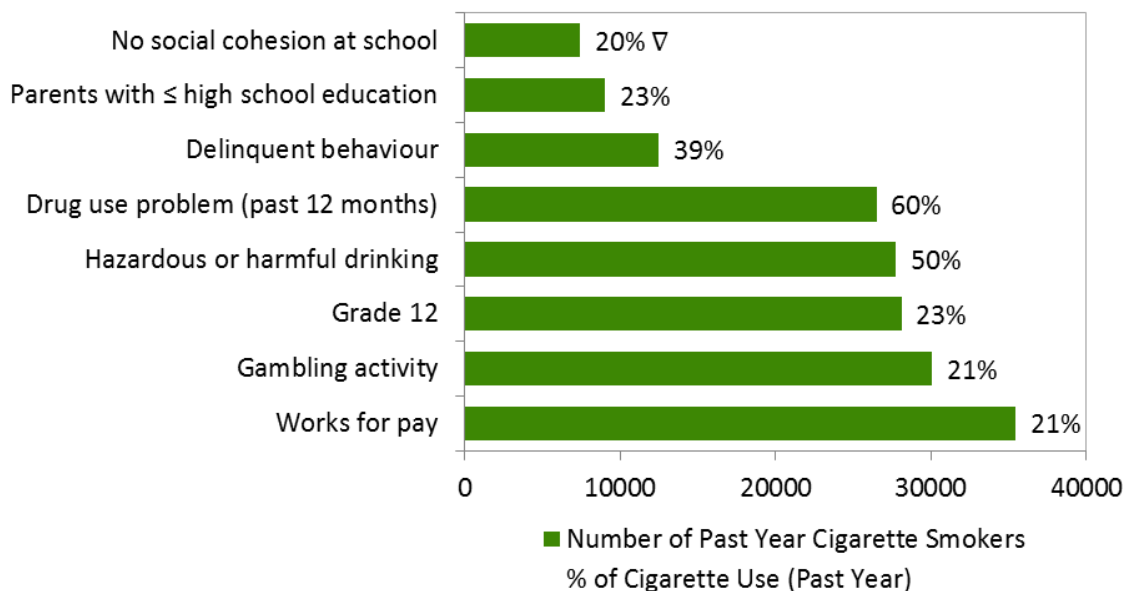
Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2017.

## PRIORITY POPULATION AMONG YOUTH SMOKERS

In Figure 2-34 subpopulations with past year cigarette smoking of 20% or more are shown along with the number of smokers represented within each group. The list of indicators examined can be found in Appendix B (Table 2B-2). In 2017, the highest rate of past year cigarette smoking was reported among those who reported a drug use problem (60%) and hazardous or harmful drinking of alcohol (50%) (OSDUHS, 2017; Figure 2-34).

Among youth with high rate of past year smoking ( $\geq 20\%$ ), higher numbers of smokers were represented among those who work for pay outside their home (35,500) and reported gambling activity in the past year (30,100) (OSDUHS, 2017; [Figure 2-34](#)). (Note: smokers may belong to multiple subpopulations examined in [Figure 2-34](#)).

**Figure 2-34: Priority Populations with High Rate of Smoking ( $\geq 20\%$ ) and Number of Smokers, Ontario, Grades 9–12, 2017**



Note: ▽ = Interpret with caution: subject to moderate sampling variability. Smoking is defined as having smoked cigarettes in the past year. Indicator definitions are provided in Appendix B ([Table 2B-2](#)). Populations are not mutually exclusive and individuals may appear in more than one category. Full data table for this graph provided in Appendix A ([Table 2A-35](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2017

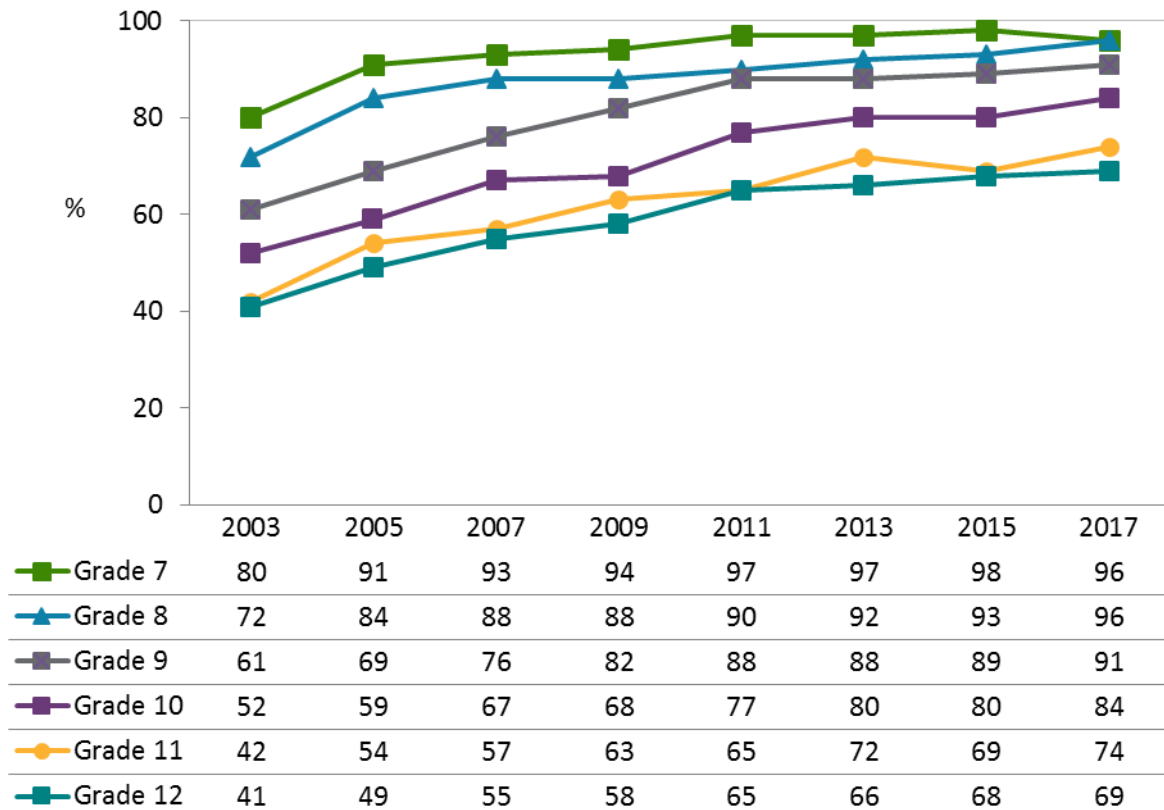
## Youth Prevention

### Lifetime Abstinence — Cigarettes

In 2017, overall lifetime abstinence<sup>i</sup> from cigarettes among students in grades 7–12 was 84 % ([Table 2A-36](#); OSDUHS, 2017). This represented a significant increase in lifetime abstinence from 2013 (80%) and 2015 (81%). Across the grades, lifetime abstinence from cigarettes ranged from 96% in students in grade 7 and 8 to 69% of students in grade 12 ([Figure 2-35](#)). No significant change in lifetime abstinence was reported by grade between 2015 and 2017.

<sup>i</sup> “Lifetime abstinence” indicates never smoked a whole cigarette in one’s lifetime.

Figure 2-35: Lifetime Abstinence, by Grades 7–12, Ontario, 2003–17



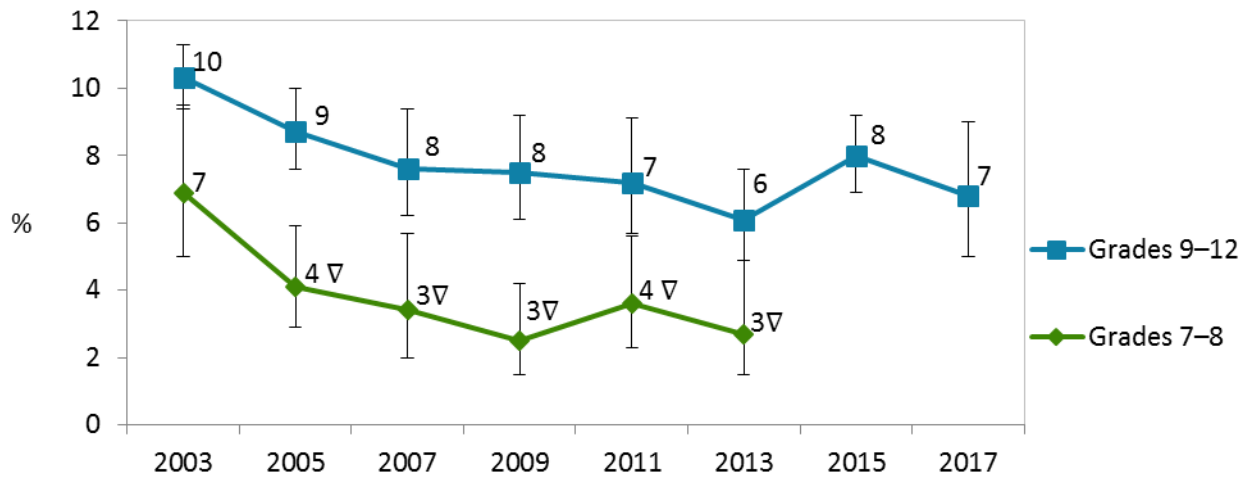
Note: Full data table for this graph provided in Appendix A ([Table 2A-36](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2003–17

### Past Year Initiation — Cigarettes

In 2017, 5% of students in grades 7 to 12, reported use of cigarettes for the first time in the past year (OSDUHS, 2017; [Table 2A-37](#)). This did not show any significant change from 2013 (5%) and 2015 (6%). In 2017, 7% of students in grades 9 to 12 reported use of cigarettes for the first time in the past year ([Figure 2-36](#)) and estimates for students in grades 7 to 8 were suppressed due to extreme sampling variability.

**Figure 2-36: Use of Cigarettes for the First Time in the Past Year, by Grade, Ontario, 2003–17**



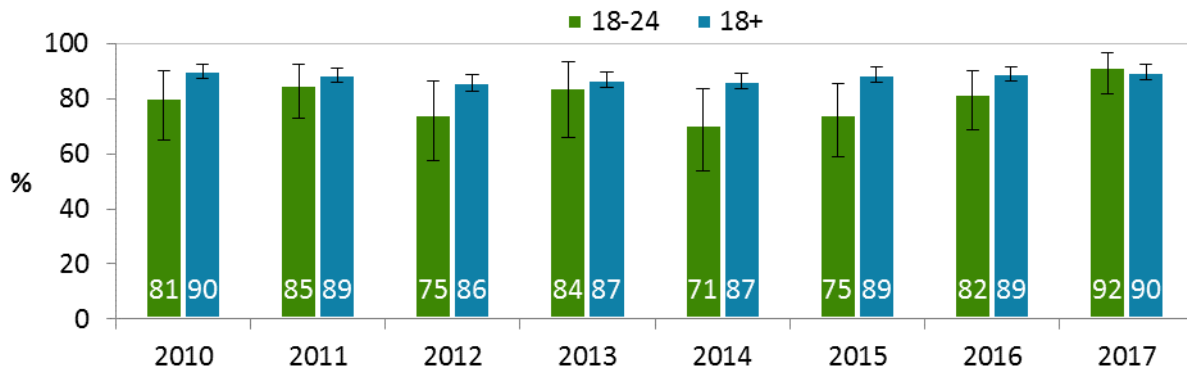
Note: ∇ = Interpret with caution: subject to moderate sampling variability. For grades 7–8 estimates for 2015 and 2017 were suppressed due to extreme sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-37](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2003–17

## Social Climate

In 2017, 90% of adults aged 18 and older viewed smoking by teenagers as highly unacceptable ([Figure 2-37](#)), which was similar to the rates reported in 2013 (87%) and 2016 (89%) (CAMH Monitor, 2013–17). In 2017, the majority of young adults aged 18-24 (92%) also viewed smoking by teenagers as highly unacceptable and the rates did not differ significantly from 2013 (84%) and 2016 (82%) ([Figure 2-37](#)).

**Figure 2-37: Adult Views on the Social Unacceptability of Teenagers Smoking Cigarettes, by Age, Ontario, 2010–17**

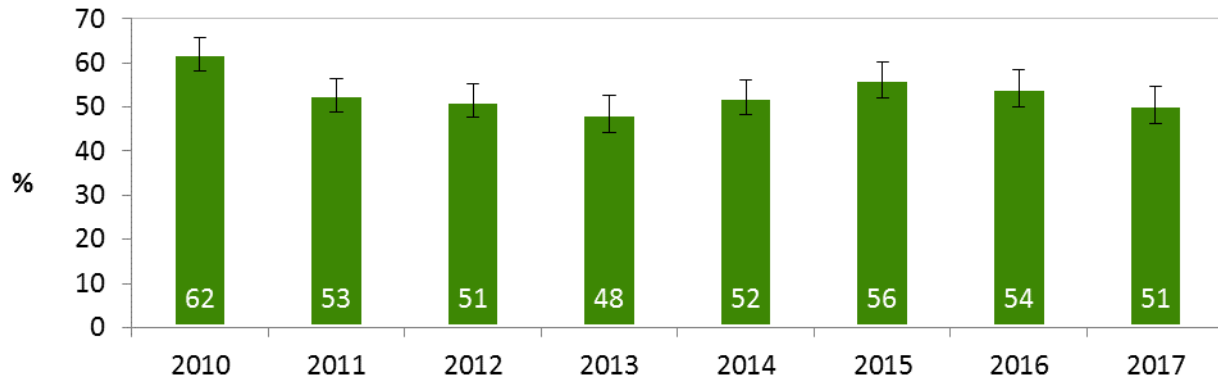


Note: Full data table for this graph provided in Appendix ([Table 2A-38](#)).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2010–17.

Acceptability of adults smoking cigarettes was significantly higher compared to smoking by teenagers. In 2017, 51% of Ontarian adults aged 18 and older viewed smoking by adults as highly unacceptable, which did not differ significantly from rates reported in 2013 (48%) and 2016 (54%) ([Figure 2-38](#)).

**Figure 2-38: Social Unacceptability of Adults Smoking Cigarettes, Ontario, 18+, 2010–17**



Note: Full data table for this graph provided in Appendix ([Table 2A-39](#)).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2010–17.

### Ease of Obtaining Cigarettes

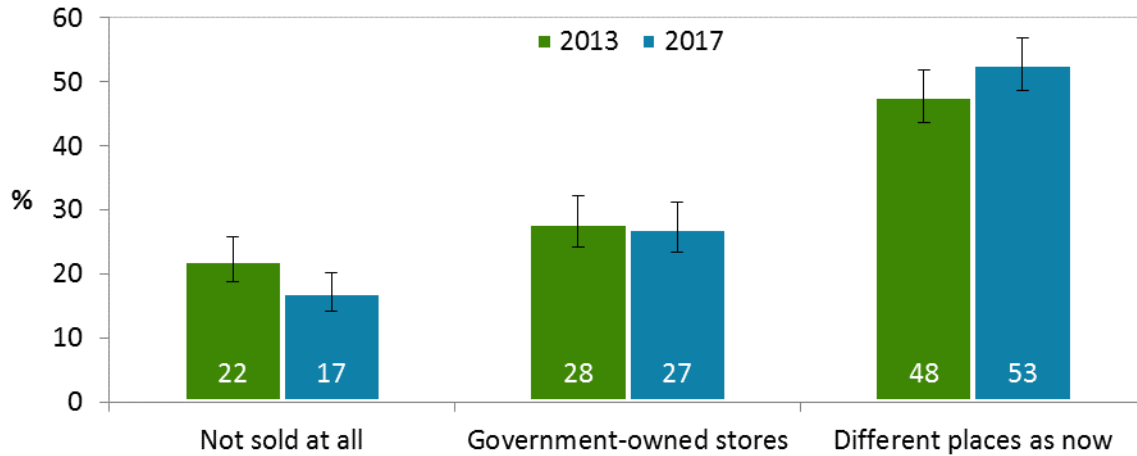
According to the 2017 OSDUHS, half of the students (50%) in grades 7 to 12 under the age of 19 believed it was fairly easy or very easy to obtain cigarettes. This was not significantly different from the 53% reported in 2015 (OSDUHS, 2015–17; [Table 2A-40](#)).

### Support for Measures Related to Product Availability

In 2017, the majority of students (62%) in grades 7 to 12 under 19 years of age indicated their support for further restrictions on tobacco sales: 35% agreed that tobacco products should not be sold at all and 27% agreed that tobacco products should be sold in government-owned stores. Only 16% reported that tobacco products should be “sold in a number of places as they are now.” The remaining 22% responded “don’t know.” (OSDUHS, 2017; [Table 2A-41](#)).

Among adults, 44% indicated their support for further restrictions on tobacco retail locations: 17% agreed that tobacco should not be sold at all and 27% reported tobacco should be sold in government-owned stores (CAMH Monitor 2017, [Figure 2-39](#)). Half of Ontarians (53%) aged 18 and older agreed that tobacco should be “sold in a number of different places as they are now” ([Figure 2-39](#)).

**Figure 2-39: Views on How Tobacco Should Be Sold, Ages 18+, Ontario, 2013 and 2017**



Note: Full data table for this graph provided in Appendix ([Table 2A-42](#)).

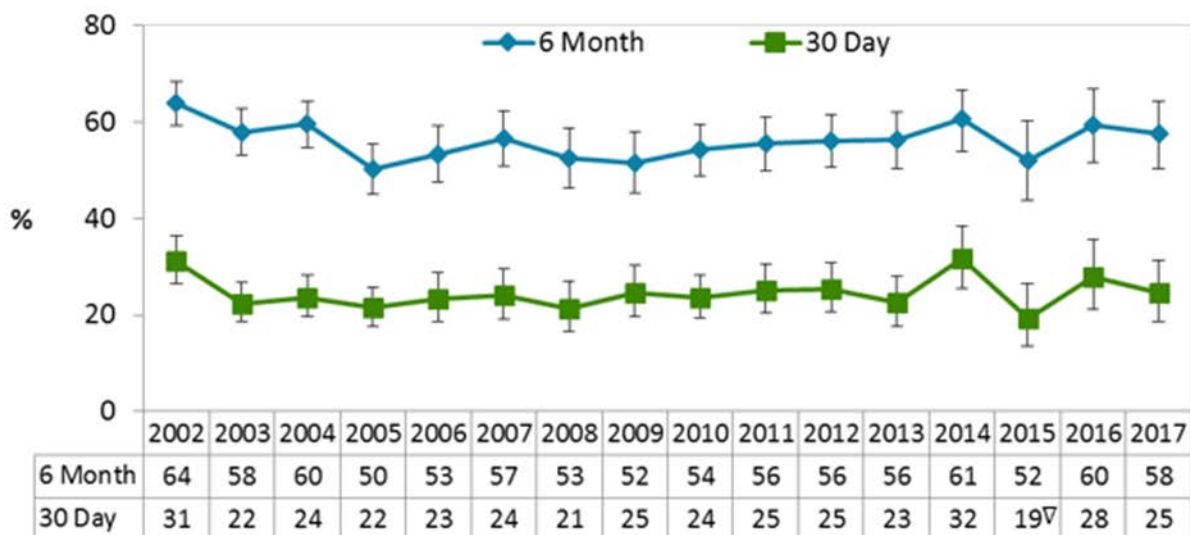
Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2013 and 2017.

## Cessation

### Quit Attempts and Intentions

In 2017, more than half of all adult smokers intended to quit smoking in the next six months (58%) and a quarter of them (25%) intended to quit smoking in the next 30 days ([Figure 2-40](#), CAMH Monitor 2017). There were no significant changes in 6-month and 30-day quit intentions in recent years.

**Figure 2-40: Intentions to Quit Smoking in the Next Six Months and 30 Days, Ontario, 18+, 2002–17**



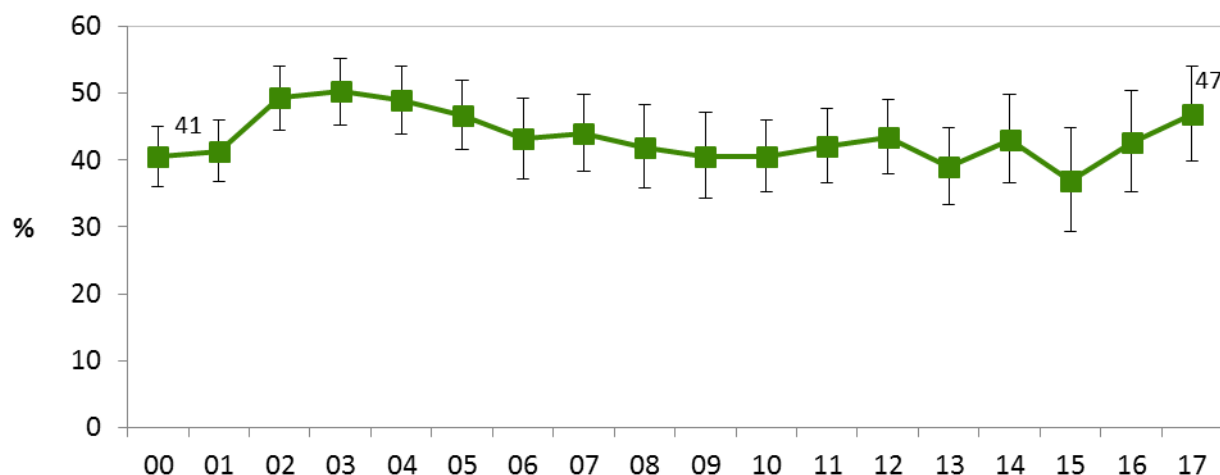


Note: ▽ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-43](#) and [Table 2A-44](#))

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor), 2002–17.

Approximately half (47%) of all adult smokers (aged 18 years and older) reported making one or more quit attempts in the past year (CAMH Monitor 2017), which was not (statistically) significantly different from rates reported in 2016 (43%) and 2013 (39%) ([Figure 2-41](#)).

**Figure 2-41: One or More Quit Attempts in the Past Year, Current Smokers, Age 18+, Ontario, 2000–17**



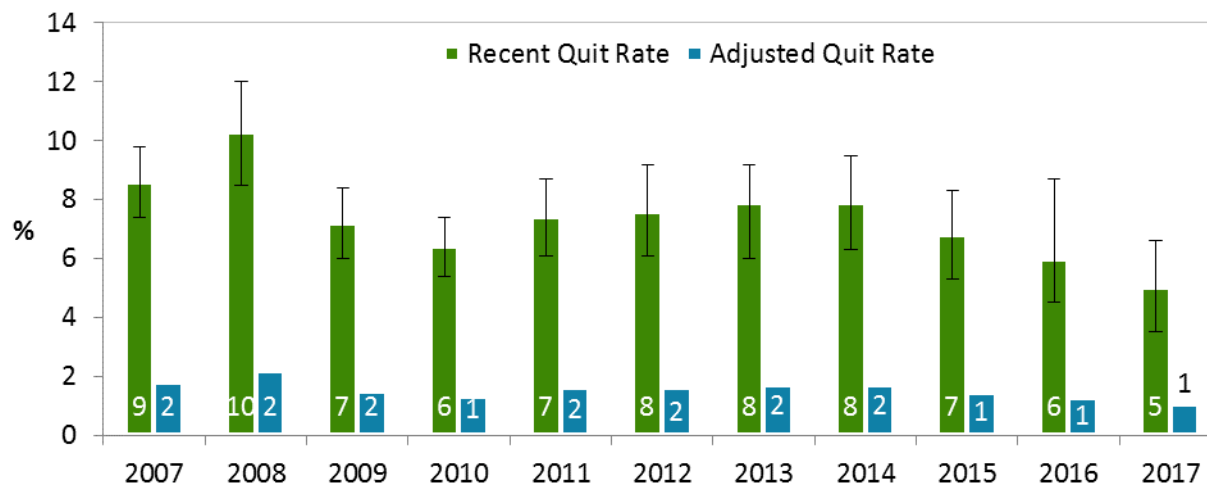
Note: Full data table for this graph provided in Appendix A ([Table 2A-45](#))

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor), 2000–17

## Annualized Quit Rate

In 2017, 5% of past year smokers reported quitting for 30 days or longer ([Figure 2-42](#)). OTRU's Ontario Tobacco Survey showed that 79% of quitters relapse by the following year.<sup>1</sup> After applying this relapse rate, it is estimated only 1% of past year smokers remained smoke-free for the subsequent 12 months.

**Figure 2-42: Annualized (Recent) Quit Rate and Adjusted Quit Rate among Past-Year Smokers, Ontario, 2007–17**



Note: Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Full data table for this graph provided in Appendix A ([Table 2A-46](#)).

Source: 2007–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file.

## Lifetime Quit Ratio

In 2017, 59% of Ontarians aged 12 years and older who have ever smoked (more than 100 cigarettes in their lifetime) had quit for at least 30 days at the time of the survey (CCHS, 2017). This was similar to the rates reported in 2016 (58%) and 2015 (57%) ([Table 2A-47](#)).

OTRU's 2017 Smoke-Free Ontario Strategy Monitoring Report examined lifetime quit ratios among Ontario adults (aged 18 and older) using the CAMH-Monitor from 1994 to 2016.<sup>1</sup> Findings from 2016, showed adults aged 18 to 34 had the lowest ratio of quitting (40%) compared to those aged 35 to 54 years (62%) and 55 years and older (79%).<sup>1</sup>

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 (CCHS, 2017; data not shown).

## Quit Methods

Among smokers who made a quit attempt or had quit in the past two years, 65% reduced the number of cigarettes, 28%<sup>IC</sup> used e-cigarettes, 28%<sup>IC</sup> made a deal with family or friend, 23%<sup>IC</sup> used nicotine patch, and 14%<sup>IC</sup> used nicotine gum to quit smoking (CTADS, 2017; [Table 2A-48](#)).

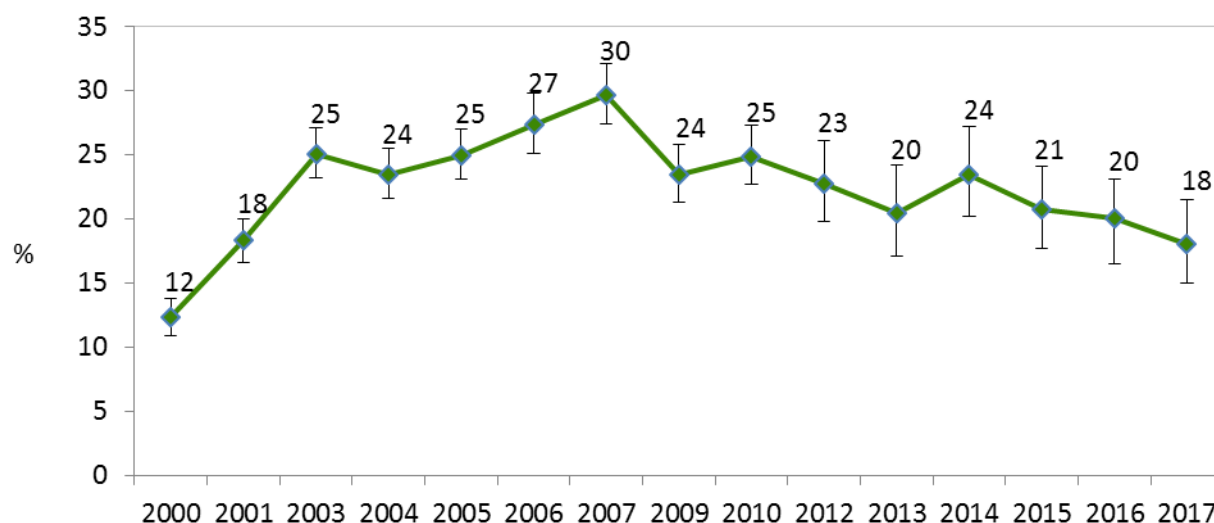
Use of nicotine-replacement-therapy (NRT), including nicotine patch and gum, was reported by 26%<sup>IC</sup> of smokers who made a quit attempt or had quit in the past two years (CTADS, 2017; data not shown). The use of stop-smoking medications, including NRT and cessation medications such as "Zyban",

"Wellbutrin" or "Champix", was reported by 33%<sup>IC</sup> of smokers who made a quit attempt or had quit in the past two years (CTADS, 2017; data not shown).

## Awareness of Quitline

In 2017, 18% of adults in Ontario were aware of a 1-800 quitline (i.e., a toll-free phone number) ([Figure 2-43](#)). Current smokers reported significantly higher level of awareness to a 1-800 quitline (42%) compared to former smokers (13%<sup>IC</sup>) and never smokers (13.5%) (CAMH-Monitor, 2017; data not shown).

**Figure 2-43: Awareness of a 1-800 Quitline (Past 30 Days), Age 18+, Ontario, 2000–17**



Note: Full data table for this graph provided in Appendix ([Table 2A-49](#)).

Source: Centre for Addiction and Mental Health Monitor 2000, 2001, 2003-2007, 2009, 2010, 2012–17.

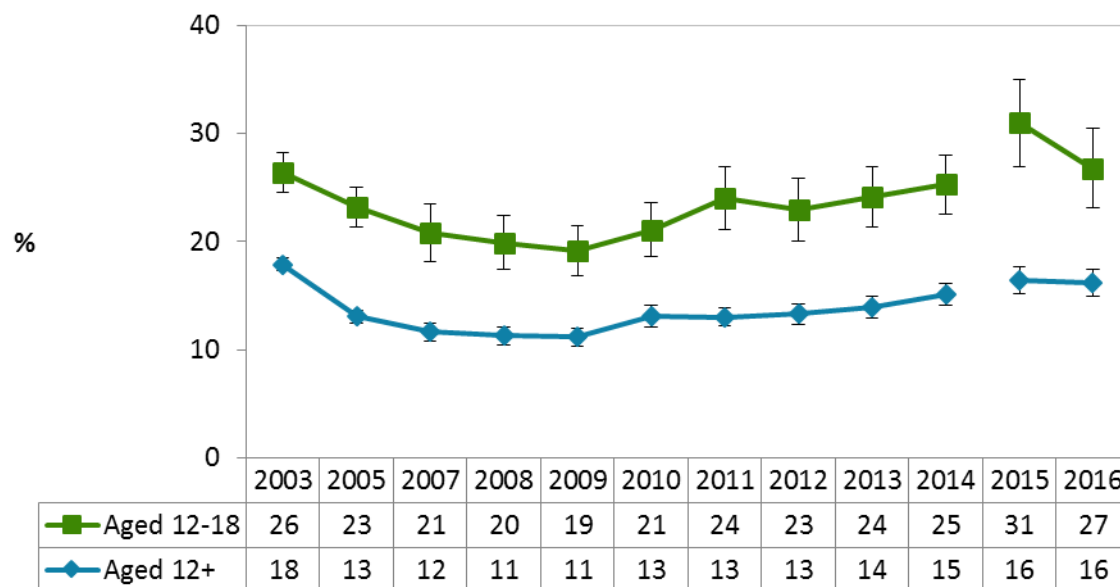
## Protection

### Exposure in Public Places

In 2016, 16% of nonsmokers in Ontario reported exposure to secondhand smoke (SHS), every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys) ([Figure 2-44](#); CCHS, 2016). This has not changed significantly from 2015 (16%) and previous years (Note: CCHS 2017 did not survey exposure to SHS among Ontarians). Exposure to SHS in public places among youth was significantly higher compared to the overall population (aged 12 years and over) ([Figure 2-44](#)). In 2016, 27% of youth (aged 12 to 18 years) reported exposure to SHS in public places.

Across Ontario's Public Health Units (PHUs), exposure to SHS in public places among nonsmokers (aged 12 years and older) ranged from 8% in Timiskaming to 21% in City of Toronto (CCHS, 2015–16; [Table 2A-51](#)).

**Figure 2-44: Nonsmokers' Exposure to Secondhand Smoke in Public Places (Every Day or Almost Every Day), by Age, Ontario, 2003–16**



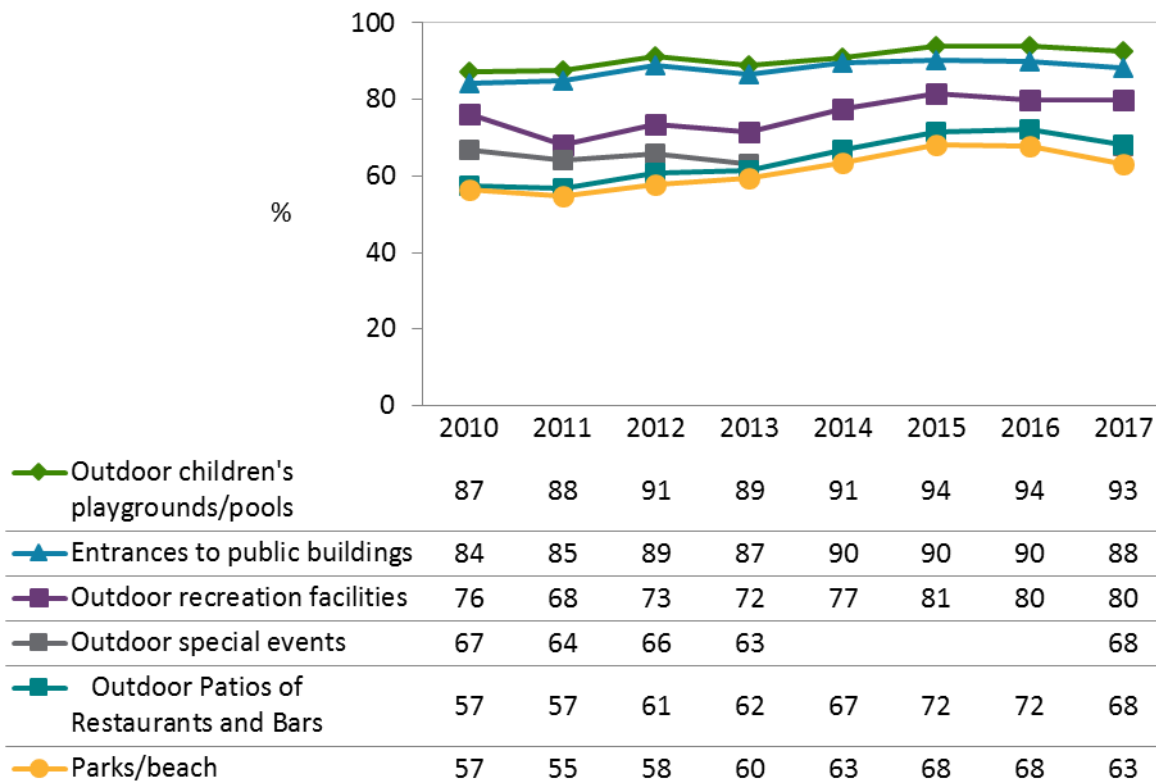
Note: Public places include bars, restaurants, shopping malls, arenas, bingo halls, and bowling alleys. Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. CCHS 2017 did not survey exposure to SHS among Ontarians. Full data table for this graph provided in Appendix A ([Table 2A-50](#)).

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–16 CCHS Share file.

### **PUBLIC OPINION ABOUT SMOKING IN OUTDOOR PUBLIC PLACES**

According to the 2017 CAMH Monitor, 80% or more of adults in Ontario were supportive of smoking bans in children’s playground/pools (93%), entrances to public buildings (88%), outdoor recreational facilities (e.g., sports fields, stadiums, and entrances to arenas) (80%) ([Figure 2-45](#)). Over 60% of Ontario’s adults were supportive of smoking bans in outdoor patios of restaurant or bars (68%), outdoor special events (e.g., concerts, festivals or parades) (68%), and public parks and beaches (63%) ([Figure 2-45](#)).

**Figure 2-45: Agreement that Smoking Should be Banned in Various Public Places, Ages 18+, Ontario, 2010–17**

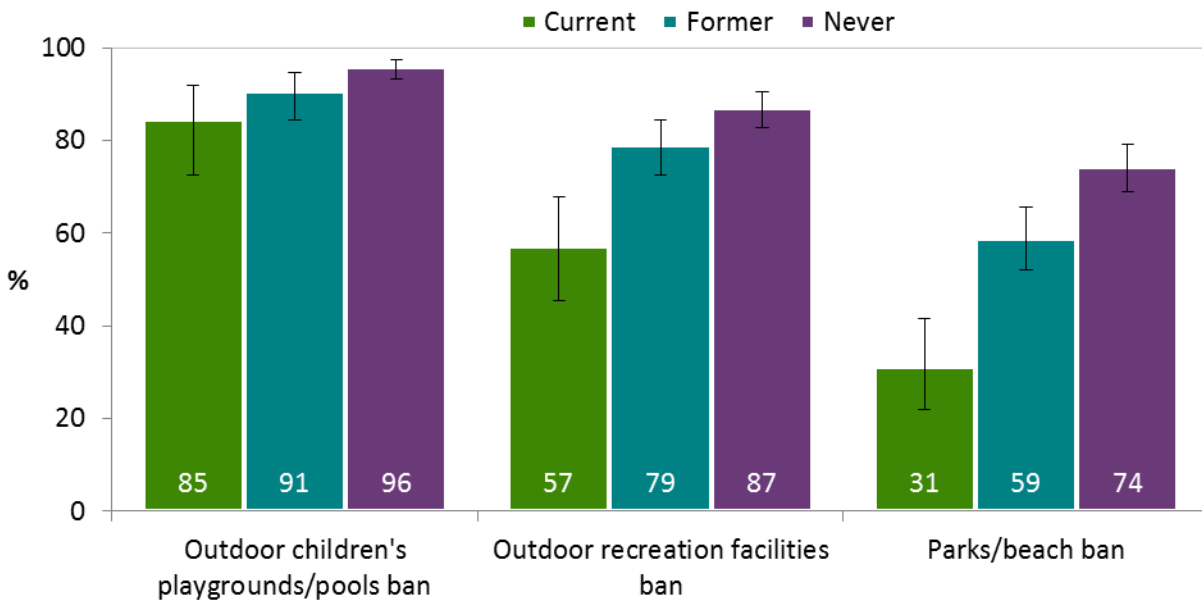


Note: Public opinions related to smoking bans at outdoor special events were not collected in 2014, 2015 and 2016. Full data table for this graph provided in Appendix A ([Table 2A-52](#)).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2010–17.

Adult current smokers aged 18 years and older reported a significantly lower rate of support for smoking bans in parks and beaches (31%) compared to former smokers (59%) and never smokers (74%) ([Figure 2-46](#)). Current smokers also reported lower rate of support for smoking bans in outdoor recreation facilities (e.g., sports fields, stadiums, and entrances to arenas) (57%) compared to former smokers (79%) and never smokers (87%) ([Figure 2-46](#)).

**Figure 2-46: Agreement that Smoking Should be Banned in Playgrounds, Recreation Facilities and Parks, by Smoking Status, Age 18+, Ontario, 2017**



Note: Full data table for this graph provided in Appendix A ([Table 2A-53](#)).

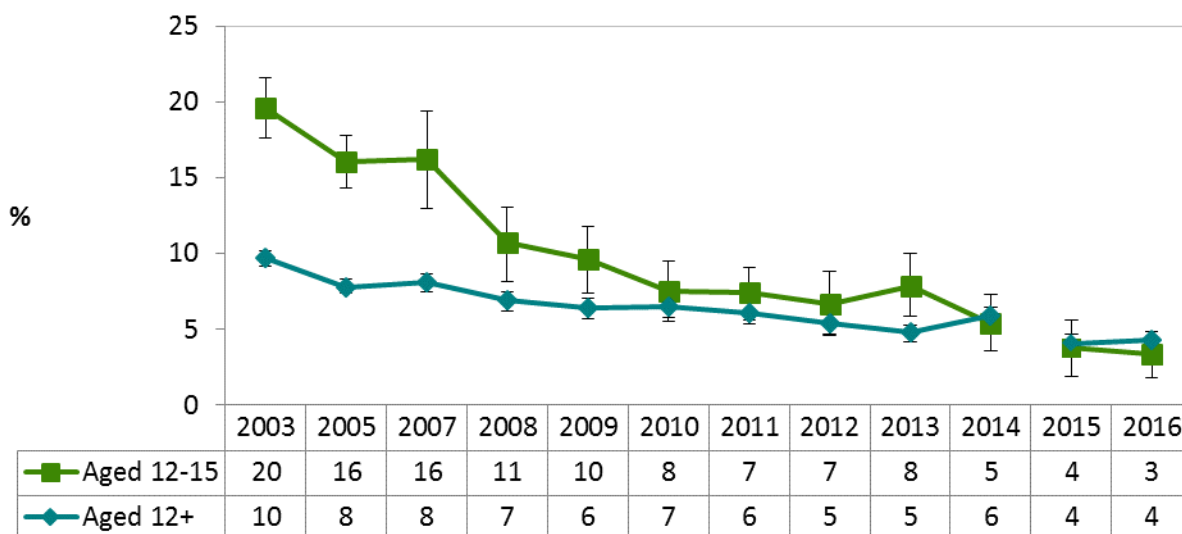
Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2017

### Exposure in Vehicles

In 2016, 3%<sup>IC</sup> of young nonsmokers (19,600) aged 12–15 years of age reported exposure to SHS every day or almost every day, in a car or other private vehicle ([Figure 2-47](#); CCHS, 2016). This was similar to the rate reported in 2015 (4%<sup>IC</sup>). Among non-smoking Ontarians aged 12 years and older, exposure to SHS in vehicles was reported at 4% in 2016 ([Figure 2-47](#); CCHS, 2016) and the same rate (4%) was reported in 2015. (Note: CCHS 2017 did not survey exposure to SHS among Ontarians)

Across Ontario's PHUs, exposure to SHS in vehicles among nonsmokers (aged 12 years and older) ranged from 2%<sup>IC</sup> in Middlesex-London to 8% in Porcupine (CCHS, 2015–16; [Table 2A-55](#)).

**Figure 2-47: Nonsmokers' Exposure to Secondhand Smoke in Vehicles (Every Day or Almost Every Day), by Age, Ontario, 2003–16**



Note: Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. CCHS 2017 did not survey exposure to SHS among Ontarians. Full data table for this graph provided in Appendix A ([Table 2A-54](#))

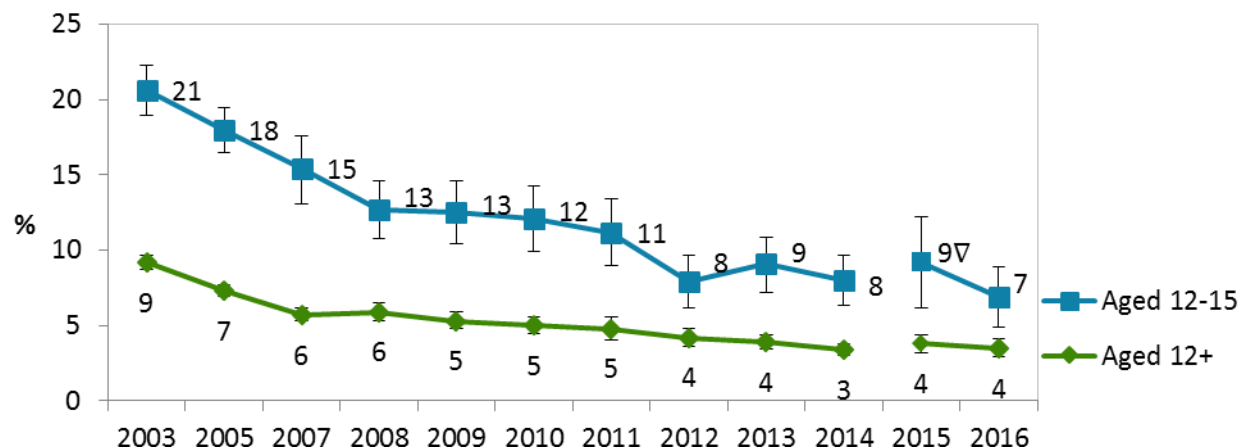
Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–16 CCHS Share file.

## Exposure in Home

In 2016, 4% of non-smoking Ontarians aged 12 years and older reported exposure to SHS in their home every day or almost every day ([Figure 2-48](#); CCHS, 2016). The same rate was reported in 2015 (4%). Exposure to SHS at home among youth (aged 12 to 15 years) was significantly higher compared to the overall population. In 2016, 7% of youth reported exposure to SHS at home ([Figure 2-48](#)). (Note: CCHS 2017 did not survey exposure to SHS among Ontarians).

Across Ontario's PHUs, exposure to SHS in home among nonsmokers (aged 12 years and older) ranged from 2%<sup>LC</sup> in Thunder Bay District to 8%<sup>LC</sup> in Peterborough County (CCHS, 2015–16; [Table 2A-57](#)).

**Figure 2-48: Nonsmokers' Exposure to Secondhand Smoke at Home (Every Day or Almost Every Day), by Age, Ontario, 2003–16**

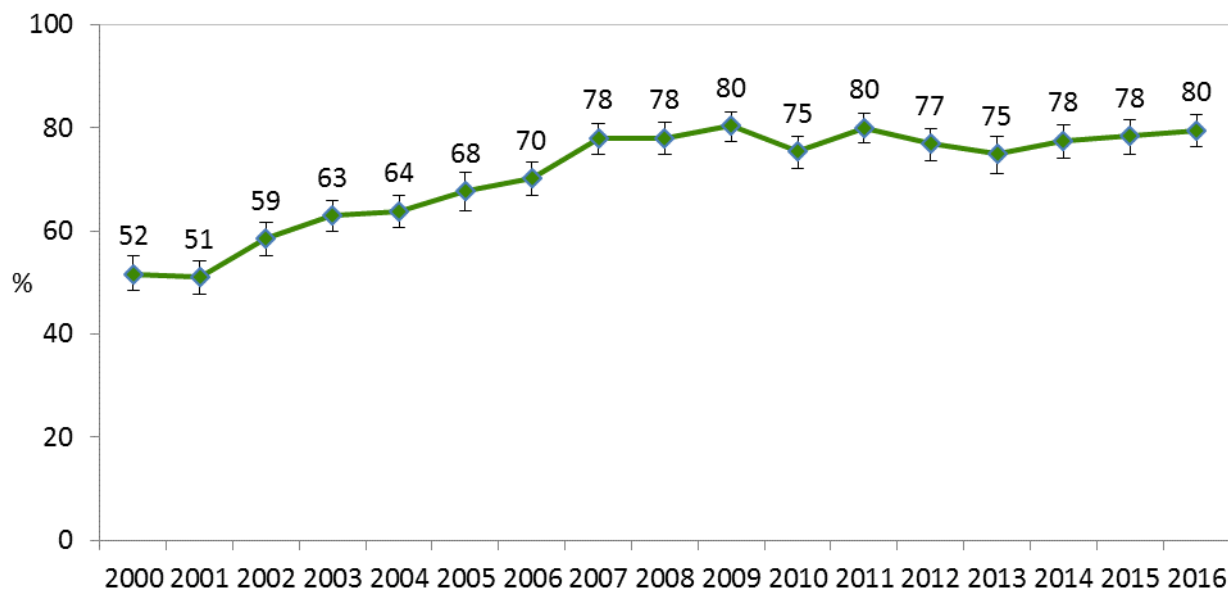


Note: Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. CCHS 2017 did not survey exposure to SHS among Ontarians. Full data table for this graph provided in Appendix A ([Table 2A-56](#)).

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–16 CCHS Share file.

The majority of adults (80%) in Ontario agreed that there should be a law that parents cannot smoke inside their home if children are living there ([Figure 2-49](#); CAMH-Monitor).

**Figure 2-49: Agreement That There Should Be a Law that Parents Cannot Smoke Inside their Home if Children are Living There, Age 18+, Ontario, 2000–16**



Note: Full data table for this graph provided in Appendix ([Table 2A-58](#)).

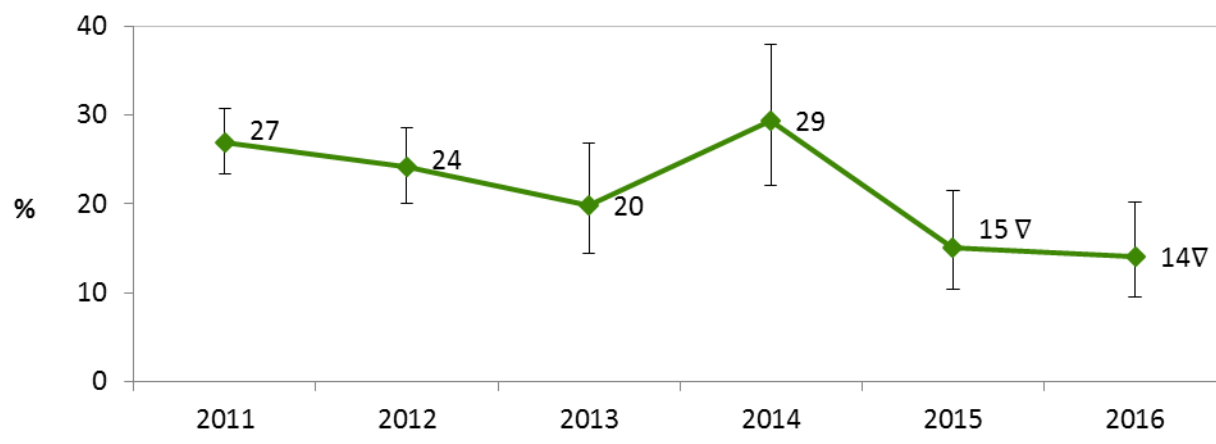
Source: Centre for Addiction and Mental Health Monitor 2000-2009 (Half Year); 2010–16 (Full Year).



## Exposure in Multi-Unit Housing

According to the 2016 CAMH-Monitor, 14%<sup>LC</sup> of Ontario adults (aged 18 years and older) living in multi-unit housing (MUH) were exposed to SHS drifting between units at least once in the past month. This was similar to the rate reported in 2015 (15%<sup>LC</sup>) ([Figure 2-50](#)).<sup>1</sup>

**Figure 2-50: Exposure to Secondhand Smoke in Multi-Unit Housing (Past Month), 18+, Ontario, 2011–16**



Note: ∇ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-59](#)).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2011–16

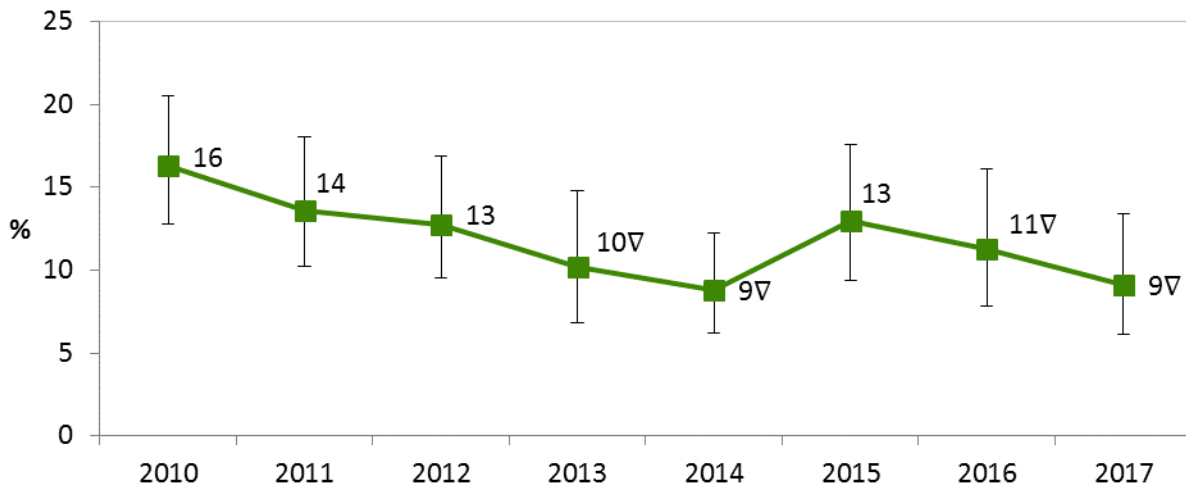
## PUBLIC OPINION ABOUT SMOKING IN MULTI-UNIT HOUSING

In 2017, 82% of Ontario adults (aged 18 years and older) believed that smoking should not be allowed inside MUH including apartment buildings, rooming houses and retirement homes (CAMH Monitor, 2017, data not shown).

## Exposure at Work

In 2017, 9%<sup>LC</sup> of adult workers (aged 18 years and older) were exposed to SHS indoors at work or inside a work vehicle for five or more minutes in the past week (CAMH Monitor, 2017). This did not show any significant change from 2013 (10%<sup>LC</sup>) and 2016 (11%<sup>LC</sup>) ([Figure 2-51](#)).

**Figure 2-51: Workplace Exposure to Secondhand Smoke (Past Week) Indoors or Inside a Work Vehicle, 18+, Ontario 2010–17**



Note: ▽ = Interpret with caution: subject to moderate sampling variability. Full data table for this graph provided in Appendix A ([Table 2A-60](#))

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor), 2010–17.

## Co-Use and Dual-Use of Tobacco and Cannabis

### Background

Cannabis is a psychoactive drug that comes from preparations of the cannabis sativa and cannabis indica plant and is used for recreational and medical purposes.<sup>3</sup> Cannabis contains hundreds of chemical substances, many known as cannabinoids, which are responsible for changing how cell receptors in the brain and body communicate with each other.<sup>3</sup> The main psychoactive cannabinoid responsible for the intoxication effect is THC (delta-9-tetrahydrocannabinol), which has some therapeutic and harmful effects.<sup>3</sup> The effect of cannabis depends on the potency of the THC it contains and can cause physical changes in the brain’s structure with heavy or regular use.<sup>5</sup> Specifically to smoking cannabis, similar respiratory problems (e.g., chronic bronchitis and symptoms including coughing and wheezing) have been noted as cigarette smoking.<sup>6</sup>

In 2017, cannabis was the most prevalently used illicit drug in Canada at 15%, an increase compared to 12% from 2015.<sup>7</sup> In Ontario, past year cannabis use has increased more than two fold among adults between 1996 (8.7%) and 2017 (19.4%).<sup>8</sup> On average, Ontario cannabis users (past year) were older in 2017 compared to 1977 (average age 38.2 years vs. 25.6 years).<sup>8</sup> Among Ontario students in grades 7–12, 19% used cannabis in 2017. Cannabis use has significantly decreased among students during the period between 1999 (28%) and 2017 (19%).<sup>9</sup>

Cannabis is typically smoked as marijuana and can be combined with tobacco through co-use and dual-use.<sup>10</sup> The co-use of tobacco and cannabis involves using tobacco during the same time period as

cannabis, whereas dual-use is mixing these two drugs into a blunt, joint or spliff (i.e., cannabis and tobacco rolled into a paper).

The health effects of smoking tobacco and cannabis in combination or the co-use of these substances can cause compounded and greater health effects than when used alone.<sup>11,12</sup> This may impact smoking rates in coming years considering the extent that users of cannabis also smoke.<sup>13,14</sup> Information on the co-use and dual-use of tobacco and cannabis is included in this report for several reasons: synergies in use of these two substances; long-term trends of increases in cannabis use; and, the recent legalization of cannabis use in Canada.

## Cannabis Use – Legislation

On October 17, 2018, recreational use of cannabis was legalized in Canada through the *Cannabis Act*. According to the *Act*, adults (18 years and older) are legally able to: possess up to 30 grams of legal cannabis; share up to 30 grams of legal cannabis with other adults; buy dried or fresh cannabis and cannabis oil from a provincially-licensed retailer; grow, up to four cannabis plants per residence for personal use; and make cannabis products, such as food and drinks, at home as long as organic solvents are not used to create concentrated products.<sup>15</sup>

In Ontario, the minimum age to buy, use, possess, and grow recreational cannabis is 19 years. Ontarians are allowed smoke recreational cannabis where the smoking of tobacco is permitted. Cannabis cannot be smoked or vaped in child daycare and pre-school grounds, enclosed public places, enclosed workplaces, hospital grounds, patios – restaurants and bars, playgrounds including splash pads and wading pools, schools and school properties, other sports and recreational fields and facilities.

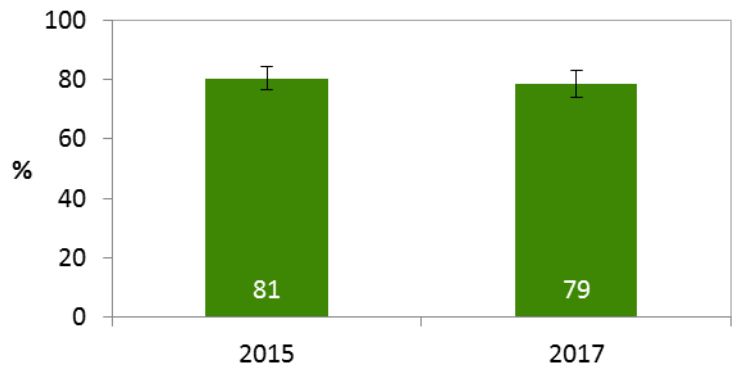
## Trends in Tobacco and Cannabis Use

Most cannabis users report a history of cigarette smoking.<sup>16</sup> In fact, an association between tobacco and cannabis use has been observed where the use of one substance is associated with increased use of the other.<sup>16</sup> At the time of writing, population level data post legalization of cannabis are not available. Thus, we provide the most current information available on co-use and dual use of tobacco prior to legalization of cannabis.

## CO-USE

The co-use of tobacco and cannabis involves using tobacco during the same time period as cannabis. Among students in grades 7–12, 79% of past year cigarette smokers also reported smoking cannabis in the past year (OSDUHS, 2017; [Figure 2-52](#)). This did not show a significant change from 2015 (81%).

**Figure 2-52: Past Year Cannabis Use among Past Year Cigarettes Smokers, Grades 7-12, Ontario, 2015–17**

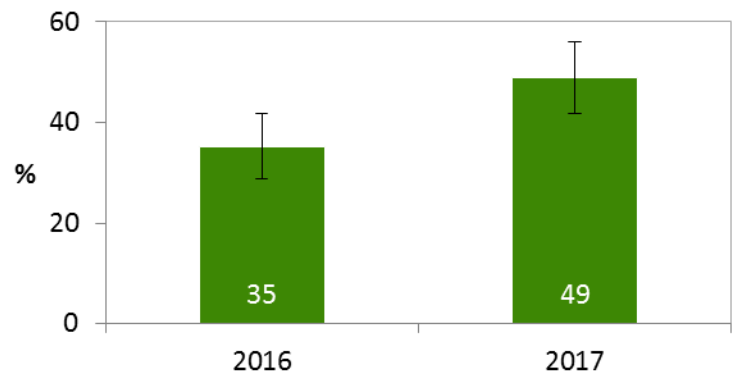


Full data table for this figure provided in Appendix A ([Table 2A-61](#)).

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2015–17.

In 2017, 49% of adult (aged 18 and older) current smokers<sup>i</sup> reported using cannabis in the past year (CAMH Monitor, 2017; [Figure 2-53](#)). This was a 14 percentage point increase compared to 2016 (49% vs. 35%).

**Figure 2-53: Past Year Cannabis Use among Current Smokers, 18+, Ontario, 2016–17**



Full data table for this figure provided in Appendix A ([Table 2A-62](#)).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2016–17.

## DUAL-USE

Dual use was defined as mixing both cannabis and tobacco into a blunt, joint or spliff. Evidence shows that dual-tobacco-and-cannabis-use leads to a higher release of THC therefore producing a greater psychoactive effective.<sup>17</sup> Mixing tobacco with cannabis has also been shown to increase the burning

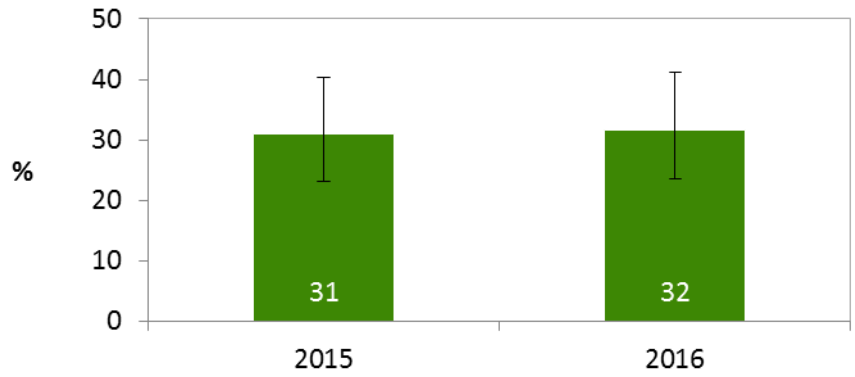
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<sup>i</sup> Current smoker is someone who has smoked in the past 30 days and has smoked 100 cigarettes in his or her lifetime

efficiency of the cigarette (i.e., joint, spliff, blunt) and dilutes the product therefore reducing the amount of expensive cannabis materials that is added.<sup>17</sup>

In 2016, approximately a third of past year adult cannabis users (32%) in Ontario mixed cannabis with tobacco (CAMH Monitor, 2016; [Figure 2-54](#)). This did not show significant difference from 2015 (31%).

**Figure 2-54: Use of Cannabis Mixed with Tobacco in the Past Year, Past Year Cannabis Users, 18+, Ontario, 2015–16**



Full data table for this figure provided in Appendix A ([Table 2A-63](#)).  
Source: Centre for Addiction and Mental Health Monitor (Full Year).

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## Appendix A: Additional Tables

**Table 2A-1: Tobacco Use (Past 30 Days), by Product Type, Ontario, 12+, 2017**

Tobacco Product	Population Estimate	%	95% Confidence Limit
Cigarettes	1,884,300	15.6	(14.6–16.5)
E-cigarettes	313,300	2.6	(2.2–3.0)
Cigarillos	275,900	2.3	(1.9–2.7)
Cigars	128,000	1.1	(0.8–1.3)
Waterpipe	94,500	0.8 ∇	(0.5–1.0)
Pipe	49,600	0.4 ∇	(0.2–0.6)
Smokeless	37,900	0.3 ∇	(0.2–0.4)
<b>OVERALL</b>	<b>2,311,900</b>	<b>19.1</b>	<b>(18.1–20.2)</b>

Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. ∇ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-1](#).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-2: Current Smoking by Sex, Ontario, 12+, 2003–17**

Sex	Year	Population Estimate	%	95% Confidence Limit
Females	2003	951,100	18.2	(17.4–18.9)
	2005	912,400	17.0	(16.3–17.7)
	2007	928,200	16.8	(15.9–17.7)
	2008	858,000	15.3	(14.3–16.3)
	2009	835,200	14.7	(13.6–15.8)
	2010	839,800	14.6	(13.5–15.7)
	2011	835,100	14.4	(13.3–15.4)
	2012	873,800	14.9	(13.6–16.2)
	2013	831,300	14.0	(12.9–15.1)
	2014	721,200	12.0	(11.1–13.0)
	2015	820,000	13.6	(12.4–14.8)
2016	723,600	11.9	(10.8–12.9)	
2017	743,200	12.0	(10.9–13.1)	
Males	2003	1,189,900	23.6	(22.7–24.5)
	2005	156,900	22.3	(21.4–23.1)
	2007	1,188,800	22.3	(21.1–23.5)



Sex	Year	Population Estimate	%	95% Confidence Limit
	2008	1,177,600	21.8	(20.3–23.3)
	2009	1,128,000	20.6	(19.3–21.9)
	2010	1,204,000	21.8	(20.3–23.3)
	2011	1,218,100	21.8	(20.2–23.4)
	2012	1,153,200	20.4	(18.9–21.9)
	2013	1,326,000	19.8	(18.4–21.3)
	2014	1,167,800	20.4	(18.9–22.0)
	2015	1,107,000	19.3	(17.7–20.8)
	2016	1,093,800	18.8	(17.2–20.4)
	2017	1,054,600	17.9	(16.3–19.5)
Total	2003	2,141,100	20.8	(20.2–21.4)
	2005	2,069,300	19.6	(19.0–20.1)
	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	18.0	(17.1–19.0)
	2012	2,027,000	17.6	(16.6–18.6)
	2013	1,963,800	16.9	(16.0–17.8)
	2014	1,889,000	16.1	(15.2–17.0)
	2015	1,927,000	16.4	(15.4–17.3)
	2016	1,817,500	15.3	(14.3–16.2)
	2017	1,797,800	14.9	(13.9–15.8)

Note: The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Data table for [Figure 2-2](#).

Source: 2003–13 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share File.

**Table 2A-3: Daily and Occasional Smoking, Ontario, 18+, 2011–17**

Smoking Status	Year	Population Estimate	%	95% Confidence Limit
Occasional Smoking	2011	394,200	3.5	(3.0–3.9)
	2012	394,700	3.4	(2.9–4.0)
	2013	409,500	3.5	(3.0–4.0)
	2014	343,300	2.9	(2.5–3.3)
	2015	441,300	4.1	(3.5–4.7)
	2016	339,100	3.1	(2.6–3.6)

Smoking Status	Year	Population Estimate	%	95% Confidence Limit
	2017	327,200	2.9	(2.5–3.4)
Daily Smoking	2011	1,659,100	14.6	(13.7–15.4)
	2012	1,632,300	14.2	(13.3–15.0)
	2013	1,554,400	13.3	(12.5–14.2)
	2014	1,545,600	13.2	(12.3–14.0)
	2015	1,460,200	13.4	(12.5–14.3)
	2016	1,467,400	13.3	(12.4–14.2)
	2017	1,460,200	13.1	(12.1–14.0)

Note: The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Data table for [Figure 2-3](#).

Source: 2011–13 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share File.

**Table 2A-4: Current Smoking, by Provinces, Ages 12+ and 19+, Canada, 2017**

Province	Age	Population Estimate	%	95% Confidence Limit
British Columbia	12+	501,000	12.2	(11.1–13.3)
	19+	497,000	13.2	(12.0–14.4)
New Brunswick	12+	91,400	14.2	(12.0–16.4)
	19+	89,600	15.1	(12.7–17.4)
Ontario	12+	1,797,800	14.9	(13.9–15.8)
	19+	1,777,300	16.1	(15.1–17.2)
Alberta	12+	549,300	15.4	(14.2–16.7)
	19+	540,100	16.7	(15.3–18.1)
Manitoba	12+	165,000	15.7	(13.4–17.9)
	19+	164,100	17.3	(14.8–19.7)
Prince Edward Island	12+	21,500	16.8	(13.9–19.7)
	19+	21,400	18.1	(15.0–21.2)
Nova Scotia	12+	137,500	16.8	(14.8–18.8)
	19+	136,100	18.1	(15.9–20.2)
Québec	12+	1,228,200	17.2	(16.1–18.2)
	19+	1,203,500	18.2	(17.1–19.3)
Saskatchewan	12+	167,100	18.4	(16.2–20.6)
	19+	161,700	19.6	(17.1–22.1)
Newfoundland and Labrador	12+	105,900	23.0	(20.3–25.7)
	19+	105,000	24.6	(21.6–27.5)

Note: Data table for [Figure 2-4](#).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-5: Current Smoking by Age Groups, Ontario, 2015–17**

Year	Age Groups (Years)	Population Estimate	%	95% Confidence Limit
2015	12–18	45,900	4.3 ▽	(2.5–6.1)
	19–29	357,300	17.9	(15.2–20.6)
	30–44	547,100	20.2	(18–22.4)
	45–64	782,600	20.1	(18.2–21.9)
	65+	194,200	9.2	(7.7–10.8)
2016	12–18	24,000	2.2 ▽	(1.4–3.1)
	19–29	315,900	15.9	(13.3–18.4)
	30–44	497,400	18.5	(16.4–20.6)
	45–64	795,500	20.0	(18.1–21.9)
	65+	184,700	8.5	(7.2–9.7)
2017	12–18	20,500	1.9 ▽	(1.1–2.7)
	19–29	319,300	15.4	(12.8–18.1)
	30–44	503,500	18.3	(16.2–20.4)
	45–64	746,400	19.1	(17.2–20.9)
	65+	208,100	9.2	(7.8–10.5)

Note: ▽ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-5](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-6: Current Smoking among Females, by Age, Ontario, 2015–17**

Year	Age Groups (Years)	Population Estimate	%	95% Confidence Limit
2015	18–29	134,300	12.8	(9.5–16.1)
	30–44	230,800	16.7	(14.2–19.3)
	45–64	346,600	17.2	(14.8–19.5)
	65+	103,200	9.0	(7.0–11)
2016	18–29	129,000	12.3	(9.2–15.3)
	30–44	182,200	12.8	(10.8–14.8)
	45–64	329,600	16.5	(14–19.1)
	65+	80,900	6.8	(5.5–8.2)
2017	18–29	136,700	12.4	(9.7–15)
	30–44	203,700	14.1	(12–16.3)
	45–64	296,700	15.1	(12.8–17.3)
	65+	101,900	8.3	(6.6–10)

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

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-7: Current Smoking among Males, by Age, Ontario, 2015–17**

Year	Age Groups (Years)	Population Estimate	%	95% Confidence Limit
2015	18–29	243,400	22.0	(17.6–26.3)
	30–44	316,300	23.8	(20.1–27.6)
	45–64	436,000	23.2	(20.3–26)
	65+	90,900	9.5	(7.0–12.0)
2016	18–29	199,900	18.1	(14.3–21.8)
	30–44	315,100	24.9	(20.9–28.8)
	45–64	465,900	23.5	(20.5–26.5)
	65+	103,800	10.4	(8.4–12.5)
2017	18–29	192,700	16.8	(12.7–20.9)
	30–44	299,800	22.8	(19–26.5)
	45–64	449,700	23.2	(20.3–26)
	65+	106,200	10.2	(8.2–12.3)

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

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-8: Current Smoking by Education, Ontario, 18+, 2015–17**

Year	Education Status	Population Estimate	%	95% Confidence Limit
2015	Less than secondary	288,500	26.4	(22.8–30.0)
	Secondary graduation	533,800	22.9	(20.4–25.4)
	Post-secondary or higher	1,046,200	14.3	(13.1–15.6)
2016	Less than secondary	323,800	26.6	(22.9–30.4)
	Secondary graduation	587,600	21.4	(19.1–23.7)
	Post-secondary or higher	871,300	12.7	(11.5–13.8)
2017	Less than secondary	257,600	24.1	(20.7–27.4)
	Secondary graduation	572,100	20.0	(18.0–22.0)
	Post-secondary or higher	928,800	13.1	(11.9–14.4)

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

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-9: Current Smoking by Household Income, Ontario, 18+, 2015–17**

Year	Income	Population Estimate	%	95% Confidence Limit
2015	Less than \$20,000	219,000	28.3	(23.9–32.7)
	\$20,000–\$39,999	417,500	24.4	(21.3–27.6)
	\$40,000–\$59,999	306,700	18.5	(15.9–21.2)
	\$60,000–\$79,999	279,900	15.8	(13.1–18.5)
	\$80,000 and Higher	678,300	13.7	(12.1–15.2)
2016	Less than \$20,000	115,300	31.8	(26–37.5)
	\$20,000–\$39,999	353,600	26.9	(23.7–30)
	\$40,000–\$59,999	342,900	18.7	(15.9–21.5)
	\$60,000–\$79,999	272,400	14.8	(12.6–16.9)
	\$80,000 and Higher	722,300	12.8	(11.4–14.2)
2017	Less than \$20,000	214,900	31.1	(26.9–35.3)
	\$20,000–\$39,999	296,000	21.0	(18.2–23.9)
	\$40,000–\$59,999	277,700	16.9	(14.3–19.4)
	\$60,000–\$79,999	261,900	17.7	(14.5–20.9)
	\$80,000 and Higher	737,000	12.4	(11.1–13.6)

Note: In order to improve the quality of the income variables, linking to the tax data of respondents was introduced starting with the 2016 cycle of the CCHS and in the 2017 cycle imputed income amounts were introduced. Data table for [Figure 2-9](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-10: Current Smoking by Marital Status, Ontario, 18+, 2015–17**

Year	Marital Status	Population Estimate	%	95% Confidence Limit
2015	Married	729,500	12.6	(11.3–13.9)
	Living common-law	250,100	30.4	(26–34.9)
	Widowed	65,500	12.7	(9.6–15.9)
	Separated	97,200	28.2	(21.6–34.9)
	Divorced	170,700	27.3	(22.6–32)
	Single	583,600	21.2	(18.8–23.6)
2016	Married	726,500	12.1	(10.9–13.3)
	Living common-law	226,100	28.3	(24–32.7)
	Widowed	58,100	10.8	(8.3–13.4)
	Separated	85,300	25.5	(18.8–32.1)
	Divorced	118,400	24.8	(20.6–28.9)
	Single	589,800	21.0	(18.5–23.4)
2017	Married	702,600	11.6	(10.4–12.9)
	Living common-law	207,800	23.1	(19.3–27)

Year	Marital Status	Population Estimate	%	95% Confidence Limit
	Widowed	67,200	13.2	(10–16.4)
	Separated	94400	27.3	(21.8–32.7)
	Divorced	150300	28	(23.7–32.3)
	Single	562000	19.8	(17.3–22.2)

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

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-11: Current Smoking by Indigenous Identity, Ontario, 18+, 2015–17**

Year	Indigenous Identity	Population Estimate	%	95% Confidence Limit
2015	Indigenous	108,200	37.9	(30.0–45.8)
	Non-Indigenous	1,313,400	19.9	(18.6–21.2)
2016	Indigenous	125,000	40.8	(34.2–47.5)
	Non-Indigenous	1,219,100	18.4	(17.1–19.7)
2017	Indigenous	86,500	29.9	(23.4–36.4)
	Non-Indigenous	1,234,200	17.9	(16.7–19.1)

Note: Data table for [Figure 2-11](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-12: Current Smoking by Cultural Background, Ontario, 18+, 2017**

Cultural Background	Population Estimate	%	95% Confidence Limit
White	1,363,600	18.1	(17–19.3)
South Asian	60,800	8.1 ▽	(4.9–11.3)
Chinese	26,800	5.3 ▽	(1.7–8.9)
Black	§	§	§
Filipino	§	§	§
Latin American	§	§	§
Arab	30,200	22.1 ▽	(9.8–34.3)
Southeast Asian	§	§	§
West Asian	25,900	25.1 ▽	(7.9–42.3)
Korean	§	§	§
Japanese	§	§	§
Other racial or cultural origin	30,000	13.7 ▽	(6.8–20.5)
Multiple racial or cultural origins	22,100	7.0 ▽	(2.8–11.1)

Note: ▽ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability.

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-13: Current Smoking by Immigration Status, Ontario, 18+, 2015–17**

Year	Immigration Status	Population Estimate	%	95% Confidence Limit
2015	Immigrant	414,500	11.4	(9.6–13.2)
	Non-immigrant	1,391,800	20.9	(19.5–22.2)
2016	Immigrant	389,900	10.2	(8.6–11.8)
	Non-immigrant	1,332,600	19.6	(18.4–20.9)
2017	Immigrant	443,300	11.1	(9.2–13)
	Non-immigrant	1,311,700	18.6	(17.4–19.9)

Note: Data table for [Figure 2-12](#)

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-14: Current Smoking by Employment Status (Past Week), Ontario, 18+, 2015–17**

Year	Employment Status	Population Estimate	%	95% Confidence Limit
2015	Employed	1,202,000	18.1	(16.7–19.4)
	Unemployed	80,700	27.8 ∇	(18.7–36.8)
	Not in Labour Force	504,400	18.7	(16.7–20.7)
2016	Employed	1,147,400	16.9	(15.6–18.3)
	Unemployed	89,300	28.3	(21–35.6)
	Not in Labour Force	459,100	16.0	(14.3–17.8)
2017	Employed	1,127,500	16.1	(14.8–17.5)
	Unemployed	76,200	30.5 ∇	(20.9–40.1)
	Not in Labour Force	522,000	17.4	(15.6–19.3)

Note: ∇= Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-13](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-15: Current Smoking by Occupational Groups, Ontario, 18+, 2017**

Occupation	Population Estimate	%	95% Confidence Limit
Health	49,800	8.9 ∇	(6–11.9)
Art, culture, recreation and sport	21,800	9.4 ∇	(3.1–15.7)
Education, law, social, community and govt. services	81,900	9.7	(6.9–12.4)
Natural and applied sciences and related	77,500	13.1 ∇	(7.9–18.2)
Management	75,700	13.4	(9.7–17.1)
Business, finance and administration	170,700	14.6	(11.1–18)
Sales and service	291,600	17.8	(14.8–20.8)

Occupation	Population Estimate	%	95% Confidence Limit
Manufacturing and utilities	65,800	22.2	(16.1–28.4)
Natural resources, agriculture and related	20,100	25.0 ∇	(15.8–34.2)
Trades, transport, equipment operators and related	259,200	28.7	(24.3–33.1)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-14](#).

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-16: Current Smoking by Sexual Orientation, Ontario, 18+, 2015–17**

Year	Sexual Orientation	Population Estimate	%	95% Confidence Limit
2015	Heterosexual	1,664,900	17.5	(16.4–18.6)
	Homosexual / Bisexual	92,500	27.6 ∇	(19.3–35.8)
2016	Heterosexual	1,594,100	16.4	(15.4–17.4)
	Homosexual / Bisexual	77,800	26.4 ∇	(16.9–35.9)
2017	Heterosexual	1,625,900	16.0	(14.9–17)
	Homosexual / Bisexual	52,600	19.1 ∇	(12.7–25.4)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-15](#)

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-17: Current Smoking by Home Ownership, Ontario, 18+, 2015–17**

Year	Home Ownership	Population Estimate	%	95% Confidence Limit
2015	Own a House	1,118,300	14.5	(13.3–15.6)
	Rented	688,000	27.0	(24.2–29.7)
2016	Own a House	1,031,600	13.0	(11.9–14.1)
	Rented	684,600	25.8	(23.4–28.3)
2017	Own a House	1,065,200	13.0	(12–14)
	Rented	701,900	24.7	(22.3–27.2)

Note: Data table for [Figure 2-16](#)

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-18: Current Smoking, by Alcohol Consumption, Ages 18+, Ontario, 2015–17**

Year	Physical activity	Population Estimate	%	95% CI
2015	Exceed low-risk drinking	588,000	27.5	(24.6–30.5)
	Low-risk drinking	1,220,300	15.0	(13.9–16.1)
2016	Exceed low-risk drinking	546,700	26.2	(23.5–29)



Year	Physical activity	Population Estimate	%	95% CI
2017	Low-risk drinking	1,180,800	14.3	(13.2–15.5)
	Exceed low-risk drinking	572,100	26.7	(23.9–29.5)
	Low-risk drinking	1,141,900	13.6	(12.5–14.7)

Note: Data table for [Figure 2-17](#)

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-19: Current Smoking by Use of illicit Drugs, Ontario, 18+, 2015–17**

Year	Use of Illicit Drugs	Population Estimate	%	95% Confidence Limit
2015	Did not use illicit drugs	1,316,600	14.3	(13.3–15.3)
	Used illicit drugs	548,100	42.5	(38.3–46.7)
2016	Did not use illicit drugs	1,207,100	13.2	(12.2–14.3)
	Used illicit drugs	544,100	40.7	(36.8–44.6)
2017	Did not use illicit drugs	1,175,400	12.8	(11.8–13.9)
	Used illicit drugs	544,400	35.8	(32.3–39.3)

Note: Data table for [Figure 2-18](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-20: Current Smoking by Physical Activity, Ontario, 18+, 2015–17**

Year	Physical activity	Population Estimate	%	95% Confidence Limit
2015	Active	1,072,600	18.0	(16.5–19.4)
	Inactive	391,100	15.9	(13.7–18.1)
2016	Active	1,081,800	17.0	(15.6–18.4)
	Inactive	345,300	15.1	(13.1–17)
2017	Active	917,300	14.7	(13.3–16)
	Inactive	377,200	15.5	(13.3–17.8)

Note: Data table for [Figure 2-19](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-21: Current Smoking by Weight Status, Ontario, 18+, 2015–17**

Year	Weight Status	Population Estimate	%	95% Confidence Limit
2015	Normal/under weight	892,300	18.7	(17.1–20.4)
	Overweight/obese	928,200	17.3	(15.8–18.8)
2016	Normal/under weight	838,700	18.1	(16.4–19.8)
	Overweight/obese	880,100	16.2	(14.8–17.6)
2017	Normal/under weight	833,200	17.8	(16.1–19.4)

Year	Weight Status	Population Estimate	%	95% Confidence Limit
	Overweight/obese	834,200	14.8	(13.5–16.1)

Note: Data table for [Figure 2-20](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-22: Current Smoking by Fruit and Vegetable Consumption, Ontario, 18+, 2015–17**

Year	Daily Consumption of Fruits and Vegetables	Population Estimate	%	95% Confidence Limit
2015	Less than 5	1,447,700	19.8	(18.5–21.2)
	Five or more	379,400	12.8	(11–14.6)
2016	Less than 5	1,392,500	18.7	(17.3–20)
	Five or more	301,500	10.9	(9.1–12.7)
2017	Less than 5	1,352,200	17.8	(16.5–19.1)
	Five or more	327,000	11.6	(9.8–13.4)

Note: Data table for [Figure 2-21](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-23: Current Smoking by Mood Disorder, Ontario, 18+, 2015–17**

Year	Mood Disorder	Population Estimate	%	95% Confidence Limit
2015	Has a mood disorder	306,100	32.3	(28.1–36.5)
	No mood disorder	1,592,700	16.1	(15–17.2)
2016	Has a mood disorder	299,100	29.5	(25.9–33.1)
	No mood disorder	1,499,800	15.0	(14–16.1)
2017	Has a mood disorder	306,900	29.9	(26.5–33.3)
	No mood disorder	1,479,100	14.6	(13.5–15.7)

Note: Data table for [Figure 2-22](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-24: Current Smoking, by Life Stress Level, Ages 18+, Ontario, 2015–17**

Year	Stress Level	Population Estimate	%	95% Confidence Limit
2015	Not at all stressful	579,800	14.8	(13.1–16.4)
	A bit stressful	764,900	17.2	(15.6–18.8)
	Extremely stressful	530,400	22.1	(19.5–24.6)
2016	Not at all stressful	518,400	13.6	(12.1–15)
	A bit stressful	795,000	17.2	(15.5–18.9)

Year	Stress Level	Population Estimate	%	95% Confidence Limit
2017	Extremely stressful	486,900	19.6	(17.4–21.8)
	Not at all stressful	545,100	13.4	(12–14.8)
	A bit stressful	719,400	15.8	(14.1–17.4)
	Extremely stressful	515,500	20.4	(18.1–22.8)

Note: Data table for [Figure 2-23](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-25: Current Smoking by Sense of Belonging to Community, Ontario, 18+, 2015–17**

Year	Sense of Belonging to Community	Population Estimate	%	95% Confidence Limit
2015	Very Strong	296,900	14.7	(12.4–17)
	Somewhat Strong	831,500	16.1	(14.6–17.5)
	Somewhat Weak	486,600	19.7	(17.3–22.1)
	Very Weak	226,300	30.4	(25.4–35.5)
2016	Very Strong	279,300	14.1	(11.9–16.2)
	Somewhat Strong	827,900	15.6	(14.2–17.1)
	Somewhat Weak	445,700	19.0	(16.7–21.3)
	Very Weak	200,100	25.9	(21.4–30.4)
2017	Very Strong	280,900	14.3	(12.1–16.4)
	Somewhat Strong	773,800	14.0	(12.7–15.3)
	Somewhat Weak	415,200	17.8	(15.5–20)
	Very Weak	217,500	28.5	(23.7–33.3)

Note: Data table for [Figure 2-24](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-26: Current Smoking by Access to Doctor, Ontario, 18+, 2015–17**

Year	Access to Family Doctor	Population Estimate	%	95% Confidence Limit
2015	Yes	1,530,100	16.6	(15.5–17.7)
	No	328,800	25.5	(21.5–29.6)
2016	Yes	1,419,200	14.9	(13.9–15.9)
	No	342,200	27.2	(23.2–31.2)
2017	Yes	1,457,200	15.0	(13.9–16.1)
	No	309,000	22.3	(19.2–25.4)

Note: Data table for [Figure 2-25](#).

Source: Canadian Community Health Survey (CCHS) 2015–17 Share file.

**Table 2A-27: Tobacco Use (Past 30 Days) among Young Adults, by Product Type, Ontario, 18–29 years, 2017**

Tobacco Product	Population Estimate	%	95% Confidence Limit
Cigarettes	377,400	16.7	(14.2–19.3)
E-cigarettes	125,400	5.6	(4.2–7)
Cigarillos	97,400	4.3 ∇	(3–5.7)
Cigars	29,500	1.3 ∇	(0.5–2.2)
Waterpipe	15,900	2.2 ∇	(1.2–3.3)
Pipe	§	§	§
Smokeless	§	§	§
<b>OVERALL</b>	<b>517,300</b>	<b>23.0</b>	<b>(20.1–25.9)</b>

Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. These estimates include co-use and therefore do not sum to the total overall population estimate of tobacco product use. ∇ = Interpret with caution: subject to moderate sampling variability.

§=Use of pipe and smokeless tobacco were suppressed due to high sampling variability. Data table for [Figure 2-26](#)  
Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-28: Current Smoking among Young Adults (18–29 years), Ontario, 2003–17**

Year	Age	Population Estimate	%	95% Confidence Limit
2003	18-19	75,600	23.5	(20.4–26.6)
	20-24	256,400	30	(27.2–32.7)
	25-29	214,900	28.2	(25.7–30.8)
2005	18-19	58,800	18	(15.4–20.5)
	20-24	231,900	26.1	(23.8–28.3)
	25-29	228,800	29	(26.8–31.3)
2007	18-19	63,100	19.4	(13.7–25)
	20-24	226,400	26.9	(23.3–30.4)
	25-29	255,300	29.2	(25.9–32.6)
2008	18-19	54,600	16	(12.1–19.8)
	20-24	208,700	23.5	(19.6–27.5)
	25-29	260,700	30.7	(27.2–34.2)
2009	18-19	44,500	13.2	(9.6–16.8)
	20-24	179,600	20.4	(17–23.8)
	25-29	224,900	25.6	(21.9–29.2)
2010	18-19	55,300	16.3	(12.1–20.5)
	20-24	238,500	25.3	(21.2–29.3)
	25-29	212,100	24.4	(21.3–27.6)

Year	Age	Population Estimate	%	95% Confidence Limit
2011	18-19	35,000	10.2∇	(6.9–13.5)
	20-24	199,800	20.5	(17.1–24)
	25-29	214,500	24.7	(21.1–28.4)
2012	18-19	31,000	10.7∇	(7–14.5)
	20-24	228,900	23.2	(19.2–27.2)
	25-29	211,200	23.8	(19.9–27.7)
2013	18-19	37,800	10.9∇	(7.2–14.6)
	20-24	197,700	21.2	(17.8–24.6)
	25-29	242,700	25.3	(21.6–29)
2014	18-19	33,700	10.4∇	(5.8–15)
	20-24	171,000	17.3	(14.3–20.4)
	25-29	202,900	22.8	(18.8–26.7)
2015	18-19	57,100	15.7 ∇	(9.6–21.9)
	20-24	164,300	17.6	(13.2–21.9)
	25-29	156,300	18.2	(14.3–22.1)
2016	18-19	25,500	7.4 ∇	(3.9–10.9)
	20-24	145,900	15.9	(11.8–20)
	25-29	157,600	17.6	(14.1–21.1)
2017	18-19	26,800	7.1 ∇	(4.1–10.2)
	20-24	111,800	12.5	(9.2–15.8)
	25-29	190,900	19.5	(15.2–23.7)

Note: ∇ = Interpret with caution: subject to moderate sampling variability.

The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Data table for [Figure 2-27](#)

Source: 2003–2014 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file

**Table 2A-29: Current Smoking among Young Adults (18–29 Years), by Demographics, Ontario, 2017**

Demographic Characteristics	Population Estimate	%	95% Confidence Limit
Overall	329,400	14.6	(12.1–17.2)
Sex			
Males	192,700	16.8	(12.7–20.9)
Females	136,700	12.4	(9.7–15)
Educational Attainment			
Less than secondary	38,600	29.6 ∇	(19–40.2)
Secondary graduation	152,100	16.0	(12.4–19.5)

Demographic Characteristics	Population Estimate	%	95% Confidence Limit
Post-secondary	136,100	11.8 ▽	(8.3–15.2)
Household Income			
< \$20,000	45,000	28.3 ▽	(16.8–39.9)
\$20,000–\$39,999	54,100	22.3 ▽	(14.7–30)
\$40,000–\$59,999	30,500	11.6 ▽	(7.5–15.8)
\$60,000–\$79,999	49,000	17.0 ▽	(7.4–26.6)
≥ \$80,000	150,900	11.6	(9–14.2)
Indigenous Identity <sup>a</sup>			
Indigenous	27,900	35.5 ▽	(18.9–52.1)
Non-Indigenous	249,100	15.8	(12.6–18.9)

Note: <sup>a</sup> Indigenous identity refers to those who identified as Aboriginal, that is, First Nations, Métis or Inuk (Inuit). The numbers reflect Indigenous people living off reserve. ▽ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-28](#)

Source: Canadian Community Health Survey (CCHS) 2017 Share file

**Table 2A-30: Priority Populations with High Rate of Smoking (≥20%) and Number of Smokers, Ontario, 18–29 Years, 2017**

Demographic Characteristics	Population Estimate	%	95% Confidence Limit
Used illicit drug (past year)	181,200	29.0	(23.8–34.2)
Renting current dwelling	164,300	20.8	(15.7–25.9)
Excess alcohol drinking	119,500	28.3	(22.2–34.4)
Mood disorder	59,000	30.2	(21.8–38.6)
Living with common-law partner	55,700	21.8 ▽	(14.7–28.9)
Household income of \$20,000–\$39,999	54,100	22.3 ▽	(14.7–30)
Food insecure	52,500	33.6 ▽	(22.6–44.6)
Very weak sense of belonging to community	45,900	25.8 ▽	(11.2–40.5)
Household income of <\$20,000	45,000	28.3 ▽	(16.8–39.9)
Works in trades, transport and related	39,200	22.3 ▽	(13.7–30.9)
Less than secondary school graduation	38,600	29.6 ▽	(19–40.2)
Indigenous identity	27,900	35.5 ▽	(18.9–52.1)
Unemployed	23,200	24.0 ▽	(8.8–39.3)
Works in manufacturing and utilities	17,800	34.5 ▽	(14.7–54.2)

Note: ▽ = Interpret with caution: subject to moderate sampling variability. Smoking is defined as having smoked cigarettes in the past 30 days and having smoked 100 cigarettes in one’s lifetime. Indicator definitions are provided in Appendix ([Table 2B-1](#)). Populations are not mutually exclusive and individuals may appear in more than one category. Data table for [Figure 2-29](#)

Source: Canadian Community Health Survey (CCHS) 2017 Share file.

**Table 2A-31: Tobacco Use (Past 30 Days) among Youth, by Product Type, Ontario, 12–18 years, 2017**

Tobacco Product	Population Estimate	%	95% Confidence Limit
Cigarettes	42,100	3.9∇	(2.3–5.5)
E-cigarettes	38,500	3.6∇	(2.2–5)
Cigarillos	13,900	1.3 ∇	(0.5–2)
Cigars	§	§	§
Waterpipe	§	§	§
Pipe	§	§	§
Smokeless	7,600	0.7∇	(0.3–1.1)
OVERALL	95,600	8.9	(6.3–11.4)

Note: Overall tobacco use was defined as use of cigarettes, e-cigarettes, cigarillos, cigars, waterpipe, pipe, and/or smokeless tobacco in the past 30 days. §= Suppressed due to extreme sampling variability. ∇ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-30](#)

Source: Canadian Community Health Survey (CCHS) 2017 Share file

**Table 2A-32: Past-Year Smoking by Grades 7–12, Ontario, 2003–17**

Year	Grades	Population Estimate	%	95% Confidence Limit
2003	Grades 7-8	47,100	16.8	(13.9–20.1)
	Grade 9	51,900	29.2	(25.3–33.4)
	Grade 10	60,700	34.8	(30.8–39.1)
	Grade 11	74,400	41.9	(37.7–46.3)
	Grade 12	66,200	42.5	(37.7–47.5)
	Grades 7-12	300,300	31.1	(29.3–32.9)
2005	Grades 7-8	26,400	8.5	(6.8–10.6)
	Grade 9	35,000	21.2	(18.6–24)
	Grade 10	46,700	29.2	(25.7–33)
	Grade 11	52,600	33.6	(29.9–37.6)
	Grade 12	65,500	36.1	(32.1–40.4)
	Grades 7-12	226,300	23.2	(21.4–25.2)
2007	Grades 7-8	16,300	5.3 ∇	(3.5–7.8)
	Grade 9	26,600	16	(13.2–19.2)
	Grade 10	34,000	20.4	(17.6–23.5)
	Grade 11	48,400	29.7	(26–33.7)
	Grade 12	59,500	29.5	(26.4–32.8)

Year	Grades	Population Estimate	%	95% Confidence Limit
2009	Grades 7-12	184,900	18.3	(16.8–20)
	Grades 7-8	13,400	4.6	(3.4–6.3)
	Grade 9	20,000	12.2	(9.7–15.1)
	Grade 10	39,500	23.1	(19.7–26.9)
	Grade 11	43,600	25.2	(21.5–29.4)
	Grade 12	63,700	28.6	(25.2–32.2)
2011	Grades 7-12	180,100	17.7	(16.2–19.3)
	Grades 7-8	12,100	4.5 ∇	(3.2–6.5)
	Grade 9	13,400	8	(6.2–10.2)
	Grade 10	27,000	15.9	(12.5–20.1)
	Grade 11	41,500	24.1	(21–27.6)
	Grade 12	58,000	25.1	(20.1–30.9)
2013	Grades 7-12	152,000	15.1	(13.7–16.6)
	Grades 7-8	6,800	2.8 ∇	(2–3.9)
	Grade 9	12,900	8	(5.8–10.9)
	Grade 10	23,700	14.3	(11.4–17.7)
	Grade 11	38,200	21.8	(17.1–27.3)
	Grade 12	56,700	24.2	(20.2–28.6)
2015	Grades 7-12	138,200	14.1	(12.3–16.2)
	Grades 7-8	§	§	§
	Grade 9	12,300	8	(6.4–9.9)
	Grade 10	24,800	15.8	(12.7–19.4)
	Grade 11	35,000	21.4	(18–25.2)
	Grade 12	53,900	23.8	(19.8–28.2)
2017	Grades 7-12	134,700	14	(12.5–15.8)
	Grades 7-8	3,600	1.4 ∇	(0.9–2.3)
	Grade 9	9,100	6.2	(4.6–8.3)
	Grade 10	16,000	10.6	(8.6–13)
	Grade 11	28,300	18.1	(13.8–23.4)
	Grade 12	49,000	23.4	(19.3–28.2)
	Grades 7-12	106,000	11.6	(9.8–13.6)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability. Data table for [Figure 2-31](#)

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2003-2017.



**Table 2A-33: Current Smoking, by Grade, Ontario, 2003–17**

Year	Grade 7–8	Grade 9–10	Grades 11–12	Grades 7–12
2003	1∇	8	15	8.4
2005	1∇	5	12	6.1
2007	§	4	8.6	4.7
2009	1∇	4	9	5.1
2011	§	3∇	6	3.4
2013	§	2∇	6∇	3.3
2015	§	2∇	5	3.1
2017	§	1∇	5∇	2.3

Note: ∇ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability. Data table for [Figure 2-32](#).

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2003-2017.

**Table 2A-34: Cigarette Use (Past Year), by Demographics, Ontario, Grades 7–12, 2017**

Demographic Characteristics	Population Estimate	%	95% Confidence Limit
Overall	106,000	11.6	(9.8–13.6)
Sex			
Male	60,700	12.9	(10.2–15.5)
Female	45,300	10.2	(8.4–12.1)
Grades			
7	2,000	1.6 ∇	(0.7–2.5)
8	1,600	1.3 ∇	(0.5–2.1)
9	9,100	6.2	(4.4–8)
10	16,000	10.6	(8.4–12.8)
11	28,300	18.1	(13.4–22.9)
12	49,000	23.4	(19–27.9)
Parental Education			
High school completion or less	15,800	17.7	(14.5–21)
Post-secondary education	84,000	12.0	(10–14)
Parental Birth Place			
Both parents born in Canada	68,600	15.1	(12.8–17.5)
One parent born in Canada	16,800	13.4	(9.7–17.1)
Neither parent born in Canada	19,900	6.1	(4.7–7.5)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Data table for [Figure 2-33](#)

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2017.

**Table 2A-35: Priority Populations with High Rate of Smoking (≥20%) and Number of Smokers, Ontario, Grades 9–12, 2017**

Demographic Characteristics	Population Estimate	%	95% Confidence Limit
Works for pay	35,500	20.7	(16.2–25.2)
Gambling activity	30,100	21.1	(16.7–25.5)
Grade 12	28,100	22.5	(17.2–27.9)
Hazardous or harmful drinking	27,800	50.3	(39.5–61)
Drug use problem (past 12 months)	26,500	59.7	(50.5–69)
Delinquent behaviour	12,500	38.9	(27.8–50.1)
Parents with ≤ high school education	9,100	22.9	(17.9–28)
No social cohesion at school	7,400	20.2∇	(12–28.4)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Smoking is defined as having smoked cigarettes in the past year. Indicator definitions are provided in Appendix B (Table 2B-2). Populations are not mutually exclusive and individuals may appear in more than one category. Data table for [Figure 2-34](#)

Source: Ontario Student Drug Use and Health Survey (OSDUHS), 2017

**Table 2A-36: Lifetime Abstinence, by Grades 7–12, Ontario, 2003–17**

Grade	2003	2005	2007	2009	2011	2013	2015	2017
Grade 7	80	91	93	94	97	97	98	96
Grade 8	72	84	88	88	90	92	93	96
Grade 9	61	69	76	82	88	88	89	91
Grade 10	52	59	67	68	77	80	80	84
Grade 11	42	54	57	63	65	72	69	74
Grade 12	41	49	55	58	65	66	68	69
Grades 7–12	57	67	72	74	78	80	81	84

Note: Data Table for [Figure 2-35](#).

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2003–17 (Biennial).

**Table 2A-37: Use of Cigarettes for the First Time in the Past Year, by Grade, Ontario, 2003–17**

Grade	Year	Population Estimate	%	95% Confidence Limit
Grade 7–8	2003	19,300	6.9	(5–9.5)
	2005	11,600	4.1 ∇	(2.9–5.9)
	2007	9,500	3.4 ∇	(2–5.7)
	2009	6,700	2.5 ∇	(1.5–4.2)
	2011	9,600	3.6 ∇	(2.3–5.6)

Grade	Year	Population Estimate	%	95% Confidence Limit
	2013	6,300	2.7 ∇	(1.5–4.9)
	2015	§	§	§
	2017	§	§	§
Grade 9–12	2003	70,300	10.3	(9.4–11.3)
	2005	54,400	8.7	(7.6–10)
	2007	49,700	7.6	(6.2–9.4)
	2009	52,800	7.5	(6.1–9.2)
	2011	51,700	7.2	(5.7–9.1)
	2013	41,700	6.1	(4.9–7.6)
	2015	54,800	8	(6.9–9.2)
	2017	35,100	6.8	(5–9)
Grade 7–12	2003	89,600	9.3	(8.4–10.3)
	2005	66,000	7.3	(6.4–8.3)
	2007	59,100	6.3	(5.2–7.7)
	2009	59,500	6.1	(5.1–7.4)
	2011	61,300	6.3	(5.1–7.6)
	2013	47,900	5.3	(4.3–6.5)
	2015	58,400	6.3	(5.4–7.4)
	2017	36,600	4.9	(3.6–6.6)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. §= Suppressed due to extreme sampling variability. Data table for [Figure 2-36](#)

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2003–17

**Table 2A-38: Adult Views on the Social Unacceptability of Teenagers Smoking Cigarettes, by Age, Ontario, 2010–17**

Year	Age	Population Estimate	%	95% Confidence Limit
2010	18-24	-	80.5	(65.1–90.1)
	18+	-	90.3	(87.7–92.4)
2011	18-24	-	85.3	(73–92.6)
	18+	-	88.9	(85.9–91.3)
2012	18-24	782,400	74.7	(57.8–86.5)
	18+	8,732,700	86.1	(83–88.7)
2013	18-24	868,000	84.4	(66.2–93.7)
	18+	8,169,400	87.3	(84.2–89.8)

Year	Age	Population Estimate	%	95% Confidence Limit
2014	18-24	761,600	71.1	(53.8–83.9)
	18+	8,893,500	86.7	(83.6–89.2)
2015	18-24	873,600	74.7	(59.2–85.7)
	18+	9,150,000	89.3	(86.3–91.7)
2016	18-24	1,309,400	82	(68.9–90.4)
	18+	9,336,700	89.4	(86.5–91.8)
2017	18-24	1,144,600	92	(81.8–96.7)
	18+	10,022,100	90	(86.9–92.5)

Note: Data Table for [Figure 2-37](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2010–17.

**Table 2A-39: Social Unacceptability of Adults Smoking Cigarettes, Ontario, 18+, 2010–17**

Year	Population Estimate	%	95% Confidence Limit
2010	-	62.1	(58.3–65.8)
2011	-	52.7	(48.8–56.6)
2012	5,214,200	51.4	(47.6–55.2)
2013	4,532,700	48.4	(44.2–52.7)
2014	5,362,500	52.3	(48.3–56.3)
2015	5,767,900	56.2	(52.2–60.2)
2016	5,680,400	54.4	(50.1–58.6)
2017	5,612,900	50.5	(46.3–54.6)

Note: Data Table for [Figure 2-38](#)

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2010–17.

**Table 2A-40: Ease of Obtaining Cigarettes, Ontario, Grades 7-12, 2015–17**

Year	Population Estimate	%	95% Confidence Limit
2015	480,000	53.1	(50.7–55.5)
2017	369,500	50.4	(46.4–54.4)

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2015–17

**Table 2A-41: Views on How Tobacco Should Be Sold, Ontario, Grades 7–12, 2015–17**

Year	Policy Option	Population Estimate	%	95% Confidence Limit
2015	Not sold at all	320,100	35.3	(32.9–37.7)
	Government-owned stores	255,300	28.1	(25.9–30.4)
	Different places as now	156,700	17.3	(15.4–19.3)
	Don't know	175,600	19.4	(17.5–21.4)
2017	Not sold at all	262,100	35.4	(30.1–41.1)
	Government-owned stores	198,100	26.7	(23.7–30.1)
	Different places as now	116,900	15.8	(13.1–18.9)
	Don't know	163,600	22.1	(20.1–24.2)

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2015–17

**Table 2A-42: Views on How Tobacco Should Be Sold, Ages 18+, Ontario, 2013 and 2017**

Year	Policy Option	Population Estimate	%	95% Confidence Limit
2013	Not sold at all	2081500	22.2	(18.9–25.9)
	Government-owned stores	2,624,500	28	(24.2–32.2)
	Different places as now	4,471,500	47.7	(43.6–51.9)
2017	Not sold at all	1,894,800	17.1	(14.3–20.2)
	Government-owned stores	3,020,100	27.2	(23.5–31.2)
	Different places as now	5,866,500	52.8	(48.6–56.9)

Note: Data Table for [Figure 2-39](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH-M) (Full Year) 2013 and 2017.

**Table 2A-43: Intentions to Quit Smoking in the Next Six Months, Age 18+, Ontario, 2002–17**

Year	Population Estimate	%	95% Confidence Limit
2002	-	64.1	(59.4–68.5)
2003	-	58	(53.1–62.8)
2004	-	59.6	(54.7–64.4)
2005	-	50.2	(45.1–55.4)
2006	-	53.4	(47.5–59.2)
2007	-	56.7	(50.8–62.4)
2008	-	52.5	(46.2–58.7)
2009	-	51.6	(45.2–58)

Year	Population Estimate	%	95% Confidence Limit
2010	-	54.2	(48.8–59.6)
2011	-	55.5	(49.8–61)
2012	918,200	56.1	(50.6–61.5)
2013	936,900	56.4	(50.4–62.2)
2014	884,300	60.6	(54–66.7)
2015	705,900	52	(43.7–60.2)
2016	842,400	59.5	(51.7–66.9)
2017	913,100	57.6	(50.5–64.4)

Note: Data Table for [Figure 2-40](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH- Monitor): 2002–17

**Table 2A-44: Intentions to Quit Smoking in the Next 30 Days, Age 18+, Ontario, 2002–17**

Year	Population Estimate	%	95% Confidence Limit
2002	-	31.2	(26.6–36.3)
2003	-	22.4	(18.7–26.7)
2004	-	23.7	(19.6–28.3)
2005	-	21.5	(17.7–25.8)
2006	-	23.2	(18.5–28.8)
2007	-	24	(19.2–29.5)
2008	-	21.4	(16.6–27.1)
2009	-	24.6	(19.6–30.3)
2010	-	23.5	(19.3–28.3)
2011	-	25.1	(20.4–30.5)
2012	414,500	25.3	(20.6–30.7)
2013	373,200	22.5	(17.7–28.1)
2014	462,300	31.7	(25.6–38.4)
2015	261,400	19.3	(13.6–26.6)
2016	394,600	27.9	(21.2–35.7)
2017	387900	24.5	(18.6–31.4)

Note: Data Table for [Figure 2-40](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH- Monitor): 2002–17

**Table 2A-45: One or More Quit Attempts in the Past Year, Current Smokers, Age 18+, Ontario, 2000–17**

Year	Population Estimate	%	95% Confidence Limit
2000	-	40.5	(36.1–45)
2001	-	41.2	(36.7–45.9)
2002	-	49.3	(44.5–54.1)
2003	-	50.3	(45.3–55.2)
2004	-	49	(43.9–54)
2005	-	46.7	(41.6–51.9)
2006	-	43.2	(37.2–49.3)
2007	-	43.9	(38.3–49.8)
2008	-	41.9	(35.8–48.3)
2009	-	40.5	(34.2–47.1)
2010	-	40.5	(35.3–46)
2011	-	42	(36.5–47.7)
2012	700,600	43.4	(38–49.1)
2013	637,800	38.9	(33.3–44.8)
2014	623,800	43	(36.5–49.9)
2015	488,900	36.8	(29.4–44.8)
2016	590,500	42.6	(35.2–50.4)
2017	735,200	46.9	(39.9–54.1)

Note: Data Table for [Figure 2-41](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH- Monitor): 2000–17

**Table 2A-46: Annualized (Recent) Quit Rate and Adjusted Quit Rate among Past-Year Smokers, Ontario, 2007–17**

Year	Recent Quit Rate	95% Confidence Limit	Adjusted Quit Rate
2007	8.6	(7.4–9.8)	1.8
2008	10.3	(8.5–12)	2.2
2009	7.2	(6.0–8.4)	1.5
2010	6.4	(5.4–7.4)	1.3
2011	7.4	(6.1–8.7)	1.6
2012	7.6	(6.1–9.2)	1.6
2013	7.9	(6.0–9.2)	1.7
2014	7.9	(6.3–9.5)	1.7
2015	6.8	(5.3–8.3)	1.4

Year	Recent Quit Rate	95% Confidence Limit	Adjusted Quit Rate
2016	6.1	(4.5–7.7)	1.3
2017	5.0	(3.5–6.6)	1.1

Note: Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. Data Table for [Figure 2-42](#)

Source: 2007–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file.

**Table 2A-47: Quit Ratio (Former Smokers as a Proportion of Ever Smokers), Ontario, 12+, 2015–17**

Year	Population Estimate	%	95% Confidence Limit
2015	2,603,900	57.5	(55.5–59.5)
2016	2,556,300	58.4	(56.5–60.4)
2017	2,572,200	58.9	(56.8–60.9)

Source: Canadian Community Health Survey (CCHS) 2015–17 CCHS Share file.

**Table 2A-48: Quit Methods Used by Smokers who tried to Quit (Past Two Years), Ontario, 15+, 2017**

Quit Methods	Population Estimate	%	95% Confidence Limit
Reduced number of cigarettes	829,300	64.5	(52.8–76.2)
E-Cigarettes	345,600	27.7	(17.8–37.5)
Made a deal with family or friend	357,235	27.8	(17.8–37.7)
Nicotine Patch	287,172	23.0	(13.2–32.8)
Nicotine Gum	170,854	13.7	(5.8–21.6)
Medications (e.g., "Zyban", "Wellbutrin" or "Champix")	§	§	§

Note: The quit methods were reported among smokers who made a quit attempt or had quit in the past two years. ∇ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability.

Source: Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017.

**Table 2A-49 Awareness of a 1-800 Quitline (Past 30 Days), Age 18+, Ontario, 2000–16**

Year	Population Estimate	%	95% Confidence Limit
2000	-	12.3	(10.9–13.8)
2001	-	18.3	(16.6–20)
2003	-	25.1	(23.2–27.1)
2004	-	23.5	(21.6–25.5)



Year	Population Estimate	%	95% Confidence Limit
2005	-	25	(23.1–27)
2006	-	27.4	(25.1–29.8)
2007	-	29.7	(27.4–32.1)
2009	-	23.5	(21.3–25.8)
2010	-	24.9	(22.7–27.3)
2012	2,313,900	22.8	(19.8–26.1)
2013	1,914,800	20.4	(17.1–24.2)
2014	2,415,700	23.5	(20.2–27.2)
2015	2,124,500	20.7	(17.7–24.1)
2016	2,050,600	20	(16.5–23.1)
2017	2,006,800	18	(15–21.5)

Note: Data Table for [Figure 2-43](#).

Source: Centre for Addiction and Mental Health Monitor 2000, 2001, 2003-2007, 2009, 2010, 2012–17.

**Table 2A-50: Nonsmokers' Exposure to Secondhand Smoke in Public Places (Every Day or Almost Every Day), by Age, Ontario, 2003–16**

Year	Group	Population Estimate	%	95% Confidence Limit
2003	Aged 12+	1,405,000	17.9	(17.3–18.5)
	Aged 12-18	268,300	26.4	(24.5–28.2)
2005	Aged 12+	1,077,600	13.1	(12.5–13.6)
	Aged 12-18	247,300	23.2	(21.4–25)
2007	Aged 12+	994,500	11.7	(10.8–12.5)
	Aged 12-18	229,100	20.8	(18.2–23.5)
2008	Aged 12+	983,000	11.3	(10.4–12.1)
	Aged 12-18	219,700	19.9	(17.5–22.4)
2009	Aged 12+	1,006,700	11.2	(10.3–12)
	Aged 12-18	213,300	19.2	(16.8–21.5)
2010	Aged 12+	1,176,300	13.1	(12.1–14.1)
	Aged 12-18	228,600	21.1	(18.6–23.6)
2011	Aged 12+	1,177,200	13	(12.2–13.9)
	Aged 12-18	258,300	24	(21.1–26.9)
2012	Aged 12+	1,227,200	13.3	(12.4–14.3)
	Aged 12-18	254,400	23	(20.1–25.9)
2013	Aged 12+	1,308,800	13.9	(12.9–14.9)

Year	Group	Population Estimate	%	95% Confidence Limit
	Aged 12-18	254,600	24.1	(21.3–26.9)
2014	Aged 12+	1,442,000	15.1	(14.1–16.2)
	Aged 12-18	273,800	25.3	(22.6–28)
2015	Aged 12+	1,552,700	16.5	(15.2-17.7)
	Aged 12-18	295,000	31.0	(26.9-35)
2016	Aged 12+	1,543,800	16.2	(14.9-17.4)
	Aged 12-18	263,100	26.8	(23.1-30.5)

Note: Public places include bars, restaurants, shopping malls, arenas, bingo halls, and bowling alleys. Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. CCHS 2017 did not survey exposure to SHS among Ontarians. Data Table for [Figure 2-44](#)

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–16 CCHS Share file.

**Table 2A-51: Nonsmokers' Exposure to Secondhand Smoke in Public Places (Every Day or Almost Every Day), by Public Health Unit, Ontario, 12+, 2007/08 to 2015/16**

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Timiskaming	§	8.4 ▽	9.2 ▽	10.4 ▽	7.6 ▽
Elgin-St. Thomas	16.3	13.5 ▽	11.5 ▽	10.3 ▽	8.8 ▽
Kingston, Frontenac and Lennox and Addington	6.7	10.9	11.4 ▽	10.4	9.3
Huron County	5.2 ▽	9.1 ▽	8.7 ▽	8.4 ▽	10.2 ▽
Brant County	8.9 ▽	9.5 ▽	10.7	13.8	10.4
Lambton	5.2 ▽	9	12.7	13.9	10.9
Haliburton, Kawartha, Pine Ridge	7.8	9.3 ▽	9.6	10.1	11.1 ▽
Waterloo	6.4	8.9	11.5	15	11.1
Oxford County	3.7 ▽	6.7 ▽	10.4	13.3 ▽	11.2
Chatham-Kent	11.6	4.6 ▽	5.7 ▽	8.0 ▽	11.4
Peterborough County-City	9.7	15.4	7.0 ▽	9.4 ▽	11.9 ▽
Northwestern	10.3 ▽	8.4 ▽	9.1 ▽	12.2 ▽	11.9 ▽
Halton Regional	12.3	11.2	12.8	14.6	12.8
Windsor-Essex County	7.8	6.8	11	12.1	13.2
North Bay Parry Sound District	9.9 ▽	10.6 ▽	9.4 ▽	12.5	13.2
Sudbury and District	11.7	11.9	15	13	13.2
Wellington-Dufferin-Guelph	13.2	11.1	12.6	11	13.3
Grey Bruce	8.7	9.9 ▽	8.6	12.1	13.4 ▽
Thunder Bay District	8.1	7.6	12.4	11.5	13.5

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Porcupine	11.9 ▽	10.5 ▽	11.3 ▽	15.2	13.5
Haldimand-Norfolk	10.2	9.1 ▽	14.7	16	13.5 ▽
Middlesex-London	9.5	12.3	11.8	11.9	13.6
Niagara Regional Area	12.1	10.5	10.8	12.8	14
Perth District	12.2	10.8 ▽	10.3	9.5	14.1 ▽
Leeds, Grenville and Lanark	9	8.2 ▽	11	12.6	14.1 ▽
City of Hamilton	12.5	12.1	12.1	13	14.5
District of Algoma	17.3	13.8	11.5 ▽	12.9	14.7
Simcoe Muskoka District	13.2	12.2	14.9	13.5	14.8
Renfrew County and District	9.2 ▽	10.5 ▽	12.2 ▽	16.1 ▽	15.3
York Regional	12.4	10.6	13.3	14.4	15.4
City of Ottawa	8.7	13.2	18.5	18.1 ▽	15.9
Hastings and Prince Edward Counties	6.9 ▽	7.4	9.7	16.7	16.5
Peel Regional	11	12.7	13.2	18.6	17.1
Eastern Ontario	8.6	9.4 ▽	14.3	14.5	18.2 ▽
Durham Regional	13.5	16.4	18	15.3	19.7
City of Toronto	14.9	15.3	13.7	14.7	21
<b>Ontario</b>	<b>11.5</b>	<b>12.1</b>	<b>13.2</b>	<b>14.5</b>	<b>16.1</b>

Note: ▽ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability. Ordered by 2015/16 exposure (lowest to highest). Public places include bars, restaurants, shopping malls, arenas, bingo halls, and bowling alleys. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS.

Source: Canadian Community Health Survey (CCHS) Master file; 2007/08 to 2015/16 (Biennial)

**Table 2A-52: Agreement that Smoking Should be Banned in Various Public Places, Ages 18+, Ontario, 2010–17**

	Year	Population Estimate	%	95% Confidence Limit
Outdoor children's playgrounds/pools	2010	-	87.2	(84.5–89.4)
	2011	-	87.5	(84.3–90)
	2012	9,258,800	91.3	(88.8–93.2)
	2013	8,350,800	89	(86–91.4)
	2014	9,326,400	90.8	(88.4–92.8)
	2015	9,629,000	93.8	(91.2–95.7)

	Year	Population Estimate	%	95% Confidence Limit
	2016	9,820,300	93.8	(91.2–95.6)
	2017	10,301,200	92.5	(89.7–94.7)
Outdoor recreation facilities	2010	-	76.1	(72.8–79.1)
	2011	-	68	(64.1–71.7)
	2012	7,443,300	73.4	(69.8–76.7)
	2013	6,714,900	71.6	(67.5–75.4)
	2014	7,929,200	77.4	(73.9–80.5)
	2015	8,350,300	81.4	(77.7–84.5)
	2016	8,350,100	79.8	(75.8–83.3)
	2017	8,884,400	79.8	(76.1–83.1)
Outdoor special events	2010	-	66.8	(63.2–70.3)
	2011	-	64.1	(60.2–67.8)
	2012	6,683,700	65.9	(62.1–69.5)
	2013	5,923,800	63.2	(58.9–67.2)
	2017	7,527,000	67.7	(63.6–71.5)
Parks/beach	2010	-	56.5	(52.7–60.2)
	2011	-	54.7	(50.7–58.6)
	2012	5,861,200	57.8	(54–61.5)
	2013	5,594,000	59.6	(55.4–63.7)
	2014	6,498,100	63.3	(59.4–67)
	2015	6,996,200	68.2	(64.3–71.8)
	2016	7,092,800	67.7	(63.6–71.6)
	2017	7,009,800	63	(58.8–67)
Entrances to public buildings	2010	-	84.1	(81–86.7)
	2011	-	85	(81.8–87.8)
	2012	9,036,400	89.1	(86.4–91.3)
	2013	8,118,700	86.6	(83.3–89.3)
	2014	9,204,700	89.6	(87.1–91.7)
	2015	9,255,800	90.2	(86.9–92.7)
	2016	9,407,400	89.8	(86.4–92.5)
	2017	9,827,300	88.3	(84.8–91)
Outdoor Patios of Restaurants and Bars	2010		57.3	(53.5–61.1)

	Year	Population Estimate	%	95% Confidence Limit
	2011		56.9	(52.9-60.7)
	2012	6,168,900	60.8	(57-64.5)
	2013	5,764,500	61.5	(57.2-65.6)
	2014	6,858,000	66.8	(62.9-70.4)
	2015	7,339,700	71.5	(67.6-75.1)
	2016	7,554,500	72.2	(68-75.9)
	2017	7,584,800	68.2	(64.1-72)

Note: Public opinions related to smoking bans at outdoor special events were not collected in 2014, 2015 and 2016. Data Table for [Figure 2-45](#)

Source: Centre for Addiction and Mental Health Monitor (CAMH-M) 2010–17.

**Table 2A-53: Agreement that Smoking Should be Banned in Playgrounds, Recreation Facilities and Parks, by Smoking Status, Ages 18+, Ontario, 2017**

	Smoking Status	Population Estimate	%	95% Confidence Limit
Outdoor children's playgrounds/pools ban	Current	1,571,300	84.6	(72.7–91.9)
	Former	2,795,700	90.7	(84.5–94.6)
	Never	5,886,600	95.9	(93.2–97.5)
Outdoor recreation facilities ban	Current	1,060,800	57.1	(45.6–68)
	Former	2,441,800	79.2	(72.7–84.5)
	Never	5,347,700	87.1	(82.8–90.5)
Parks/beach ban	Current	577,000	31.1	(22.1–41.7)
	Former	1,820,200	59	(52.1–65.7)
	Never	4,564,900	74.4	(68.9–79.2)

Note: Data Table for [Figure 2-46](#)

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor): 2017

**Table 2A-54: Nonsmokers' Exposure to Secondhand Smoke in Vehicles (Every Day or Almost Every Day), by Age, Ontario, 2003–16**

Year	Group	Population Estimate	%	95% Confidence Limit
2003	Aged 12+	761,500	9.7	(9.2–10.2)
	Aged 12-15	125,000	19.6	(17.6–21.6)

Year	Group	Population Estimate	%	95% Confidence Limit
2005	Aged 12+	648,400	7.8	(7.4–8.3)
	Aged 12-15	101,900	16.1	(14.3–17.8)
2007	Aged 12+	688,900	8.1	(7.5–8.7)
	Aged 12-15	105,700	16.2	(13–19.4)
2008	Aged 12+	599,400	6.9	(6.2–7.5)
	Aged 12-15	71,300	10.7	(8.2–13.1)
2009	Aged 12+	574,200	6.4	(5.7–7.1)
	Aged 12-15	62,400	9.6	(7.4–11.8)
2010	Aged 12+	588,000	6.5	(5.8–7.3)
	Aged 12-15	45,600	7.5	(5.5–9.5)
2011	Aged 12+	549,600	6.1	(5.4–6.8)
	Aged 12-15	44,600	7.4	(5.6–9.1)
2012	Aged 12+	501,000	5.4	(4.7–6.2)
	Aged 12-15	43,400	6.7	(4.6–8.8)
2013	Aged 12+	450,800	4.8	(4.2–5.3)
	Aged 12-15	44,700	7.9	(5.9–10)
2014	Aged 12+	561,700	5.9	(5.2–6.5)
	Aged 12-15	32,600	5.4∇	(3.6–7.3)
2015	Aged 12+	386,200	4.1	(3.5–4.7)
	Aged 12-15	23,200	4.3∇	(2.4–6.1)
2016	Aged 12+	361,500	3.8	(3.2–4.4)
	Aged 12-15	19,600	3.4∇	(1.8–4.9)

Note: CCHS 2017 did not survey exposure to SHS among Ontarians. Data Table for [Figure 2-47](#)

Source: Canadian Community Health Survey (CCHS) 2003–16. CCHS was redesigned in 2015, interpret trend with caution.

**Table 2A-55: Nonsmokers' Exposure to Secondhand Smoke in Private Vehicles (Every Day or Almost Every Day), by Public Health Unit, Ages 12+, Ontario, 2007/08 to 2015/16**

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Middlesex-London	6.9	8.1	5.6∇	5.0∇	2.4∇
Halton Regional	6.9∇	5.6∇	5.1∇	4.0∇	2.8∇
City of Ottawa	3.4∇	4.3∇	5.9∇	5.1∇	3.1∇
City of Toronto	6.7	5.1	4.4∇	3.9	3.2∇
Waterloo	6.4	6	5.1∇	6.2∇	3.2∇
Peterborough County-City	7.9∇	10.2∇	4.8∇	6.0∇	3.4∇

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Peel Regional	7.2	7.3	4.0	4.9	3.5∇
Kingston, Frontenac and Lennox and Addington	6.7	7.2∇	6.5∇	5.3∇	3.6∇
York Regional	5.6	5.9∇	5.2∇	4	3.7∇
Lambton	7.3∇	7.7	5.4∇	6.6∇	3.7∇
Huron County	8.3∇	8.8∇	6.1∇	14.4∇	3.8∇
Leeds, Grenville and Lanark District	8.1	6.4∇	4.6∇	3.8∇	4∇
Haliburton, Kawartha, Pine Ridge District	6.7∇	6.3∇	8.6∇	4.4∇	4∇
North Bay Parry Sound District	10.7	6.2∇	7.2	6.8∇	4.0∇
Northwestern	8.8∇	10.8	5.7∇	8.2∇	4.0∇
Windsor-Essex County	7.2	8.7∇	8.8∇	5.4∇	4.2∇
Wellington-Dufferin-Guelph	8	8.0∇	5.1∇	5.8∇	4.2∇
Renfrew County and District	6.7∇	7.3∇	7.7∇	6.6∇	4.5∇
District of Algoma	13.8	5.8∇	4.1∇	7.1∇	4.9∇
Perth District	7.5∇	9.3∇	5.7∇	5.7	5.1∇
Niagara Regional Area	7.6	6.2∇	5.7∇	4.7∇	5.3∇
City of Hamilton	9	4.8∇	6.2	5.5∇	5.3∇
Simcoe Muskoka District	8.7	8.1	7	5.9	5.5∇
Thunder Bay District	8	7.2	9.8∇	5.9∇	5.5∇
Grey Bruce	7.4∇	6.2∇	5.2∇	9.9∇	5.5∇
Brant County	10.4	12.0∇	7.2∇	7.9∇	5.6∇
Chatham-Kent	9.9	6.6∇	4.4∇	6.0∇	6.0∇
Hastings and Prince Edward Counties	12.2∇	8.7	8.5	6.3∇	6∇
Durham Regional	11.2	8.3	7.7∇	8.5	6.1∇
Sudbury and District	11.9	6.0∇	9.8∇	9.3	7.3∇
Eastern Ontario	10.2	7.4∇	12.9∇	9.1∇	7.8∇
Haldimand-Norfolk	9.2∇	7.8∇	7.2∇	9.8∇	8.2∇
Porcupine	12.2	8.8∇	11.0∇	11.1∇	8.3∇
Elgin-St. Thomas	15.9	10.1∇	8.7∇	3.7∇	§
Oxford County	7.6∇	6.8∇	7.1∇	3.8∇	§
Timiskaming	7.1∇	§	§	6.7∇	§
<b>Ontario</b>	<b>7.5</b>	<b>6.5</b>	<b>5.8</b>	<b>5.3</b>	<b>4</b>

Note: ∇ = Interpret with caution: subject to moderate sampling variability. § = Suppressed due to extreme sampling variability. Ordered by 2015/16 exposure (lowest to highest). The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS.

Source: Canadian Community Health Survey (CCHS) Master file; 2007/08 to 2015/16 (Biennial)

**Table 2A-56: Nonsmokers' Exposure to Secondhand Smoke at Home (Every Day or Almost Every Day), by Age, Ontario, 2003–16**

Year	Group	Population Estimate	%	95% Confidence Limit
2003	Aged 12+	724,700	9.2	(8.7–9.7)
	Aged 12-15	210,200	20.6	(19–22.3)
2005	Aged 12+	606,400	7.3	(6.9–7.7)
	Aged 12-15	192,300	18	(16.5–19.5)
2007	Aged 12+	487,600	5.7	(5.3–6.2)
	Aged 12-15	169,000	15.4	(13.1–17.6)
2008	Aged 12+	518,000	5.9	(5.3–6.5)
	Aged 12-15	140,000	12.7	(10.8–14.6)
2009	Aged 12+	481,100	5.3	(4.8–5.9)
	Aged 12-15	139,400	12.5	(10.4–14.6)
2010	Aged 12+	453,600	5	(4.5–5.6)
	Aged 12-15	131,300	12.1	(9.9–14.3)
2011	Aged 12+	434,500	4.8	(4–5.6)
	Aged 12-15	120,500	11.2	(9–13.4)
2012	Aged 12+	385,700	4.2	(3.6–4.8)
	Aged 12-15	87,900	7.9	(6.2–9.7)
2013	Aged 12+	364,800	3.9	(3.4–4.4)
	Aged 12-15	95,800	9.1	(7.2–10.9)
2014	Aged 12+	322,500	3.4	(3–3.8)
	Aged 12-15	86,900	8	(6.3–9.7)
2015	Aged 12+	374,300	3.8	(3.2–4.5)
	Aged 12-15	53,100	9.2 ∇	(6.2–12.1)
2016	Aged 12+	351,500	3.5	(2.9–4.1)
	Aged 12-15	41,800	6.9	(4.9–8.9)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Year Intervals are not uniform. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS. CCHS 2017 did not survey exposure to SHS among Ontarians. Data Table for [Figure 2-48](#)

Source: 2003–14 Canadian Community Health Survey (CCHS) Master file; 2015–17 CCHS Share file.



**Table 2A-57: Nonsmokers' Exposure to Secondhand Smoke in Homes (Every Day or Almost Every Day), by Public Health Unit, Ages 12+, Ontario, 2007/08 to 2015/16**

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Thunder Bay District	7.6	7.6	4.7∇	4.5∇	2∇
Halton Regional	5.4	3.4∇	2.8∇	2.2∇	2.1∇
City of Ottawa	4.1	3.6∇	3.2∇	3.3∇	2.6∇
City of Toronto	4.5	4.8	4.8∇	3.5	2.6∇
Huron County	7.2∇	5.3∇	4.8∇	9.4∇	2.6∇
Oxford County	8.8	6.6∇	6.4∇	2.2∇	2.9∇
York Regional	2.9∇	3.5∇	3.2∇	2.7∇	2.9∇
Grey Bruce	7.5	3.8∇	5.2∇	5.2∇	2.9∇
Waterloo	6.2	5.5	2.9∇	2.5∇	3∇
Niagara Regional Area	7.6	5.5∇	5.2∇	3.6∇	3∇
Haliburton, Kawartha, Pine Ride District	8.6	6.8∇	6.6∇	§	3.1∇
Perth District	6.2∇	6.2∇	3.2∇	3.9∇	3.5∇
Durham Regional	8.2	4.3∇	6.3∇	3.1∇	3.7∇
Wellington-Dufferin Guelph	6.0∇	5.6∇	5.0∇	4.8∇	3.8∇
North Bay Parry Sound District	8.3∇	5.4∇	5.4∇	§	3.8∇
Peel Regional	3.7∇	4.9	3.0∇	2.6	4∇
Leeds, Grenville and Lanark District	9.2	9.6	6.7∇	4.1∇	4.1∇
Northwestern	8.1∇	6.8∇	5.6∇	6.3∇	4.3∇
Timiskaming	10.7∇	8.5∇	9.4∇	§	4.3∇
Elgin-St. Thomas	7.6∇	5.9∇	3.5∇	2.9∇	4.4∇
Haldimand-Norfolk	9.6	8.7∇	5.6∇	5.4∇	4.6∇
District of Algoma	8.6	8.0∇	4.7∇	2.8∇	4.7∇
Brant County	8.3∇	7.8∇	4.2∇	5.5∇	4.8∇
Simcoe Muskoka District	7.5	4.5∇	5	5.3	4.9∇
Hastings and Prince Edward Counties	12	9.2∇	8.1∇	7.3∇	5∇
Lambton	6.3∇	7.9∇	6.0∇	5.5∇	5.2∇
Kingston, Frontenac and Lennox and Addington	6.9∇	5.9∇	4.7∇	5.7∇	5.2∇
Chatham-Kent	7.8∇	7.0∇	3.9∇	4.6∇	5.3∇
City of Hamilton	7.7	6.1∇	5.5∇	6.0∇	5.3∇
Middlesex-London	4.8	5.9∇	4.0∇	2.4∇	5.4∇
Windsor-Essex County	6.9	5.2∇	4.8	3.5∇	5.4∇
Sudbury and District	10.3	7.1∇	7.4∇	4.6∇	6.8∇

Public Health Unit	2007/08	2009/10	2011/12	2013/14	2015/16
Eastern Ontario	12.7	7.4∇	8.4	5.0∇	7.6∇
Porcupine	9.4∇	7.4∇	7.2∇	5.4∇	8.3∇
Peterborough County-City	5.9∇	6.9∇	2.1∇	4.1∇	8.4∇
Renfrew County and District	6.3∇	7.4∇	5.3∇	3.8∇	§
<b>Ontario</b>	<b>5.8</b>	<b>5.2</b>	<b>4.5</b>	<b>3.6</b>	<b>3.7</b>

Note: Ordered by 2015/16 exposure (lowest to highest). ∇ = Interpret with caution: subject to moderate sampling variability. §= Suppressed due to extreme sampling variability. The CCHS was redesigned in 2015. Estimates based on the CCHS from 2015 onward should not be compared to previous releases of the CCHS.

Source: Canadian Community Health Survey (CCHS) Master file; 2007/08 to 2015/16 (Biennial)

**Table 2A-58: Agreement That There Should Be a Law that Parents Cannot Smoke Inside their Home if Children are Living There, Age 18+, Ontario, 2000–16**

Year	Population Estimate	%	95% Confidence Limit
2000	-	51.7	(48.4–55.1)
2001	-	51	(47.8–54.3)
2002	-	58.5	(55.3–61.6)
2003	-	63	(59.9–66)
2004	-	63.9	(60.7–67)
2005	-	67.7	(63.9–71.4)
2006	-	70.2	(66.8–73.4)
2007	-	78	(74.8–80.8)
2008	-	78	(74.8–81)
2009	-	80.4	(77.4–83.2)
2010	-	75.4	(72.1–78.3)
2011	-	80.1	(77–82.9)
2012	7,780,300	76.9	(73.7–79.8)
2013	7,013,400	74.9	(71.2–78.3)
2014	7,955,100	77.5	(74.2–80.5)
2015	8,025,300	78.4	(74.9–81.5)
2016	8,322,700	79.6	(76.4–82.6)

Note: Data Table for [Figure 2-49](#).

Source: Centre for Addiction and Mental Health Monitor 2000–09 (Half Year); 2010–16 (Full Year).

**Table 2A-59: Exposure to Secondhand Smoke in Multi-Unit Housing (Past Month), 18+, Ontario, 2011–16**

Year	Population Estimate	%	95% Confidence Limit
2011	-	26.9	(23.3–30.8)
2012	590,600	24.1	(20.1–28.6)
2013	441,800	19.9	(14.4–26.9)
2014	689,500	29.4	(22.1–37.9)
2015	287,100	15.1∇	(10.3–21.5)
2016	328,300	14.0∇	(9.5–20.2)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Data Table for [Figure 2-50](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH-M; Full Year 2011–16).

**Table 2A-60: Workplace Exposure to Secondhand Smoke (Past Week) Indoors or Inside a Work Vehicle, 18+, Ontario 2010–17**

Year	Population Estimate	%	95% Confidence Limit
2010	-	16.3	(12.8–20.5)
2011	-	13.6	(10.2–18)
2012	824,700	12.7	(9.5–16.9)
2013	626,300	10.2∇	(6.8–14.8)
2014	544,000	8.8∇	(6.2–12.2)
2015	843,200	13	(9.4–17.6)
2016	727,600	11.3∇	(7.8–16.1)
2017	615,600	9.1∇	(6.1–13.4)

Note: ∇ = Interpret with caution: subject to moderate sampling variability. Data Table for [Figure 2-51](#)

Source: Centre for Addiction and Mental Health Monitor (CAMH-M; Full Year 2010–17).

**Table 2A-61: Past Year Cannabis Use among Past Year Cigarettes Smokers, Grades 7-12, Ontario, 2015 and 2017**

Year	Population Estimate	%	95% Confidence Limit
2015	108,111	80.5	(76.8–84.2)
2017	82,200	78.9	(74.2–82.9)

Note: Data Table for [Figure 2-52](#).

Source: Ontario Student Drug Use and Health Survey (OSDUHS); 2015–17.

**Table 2A-62: Past Year Cannabis Use among Current Smokers, 18+, Ontario, 2016–17**

Year	Population Estimate	%	95% Confidence Limit
2016	471,300	35.1	(28.9–41.9)
2017	780,800	48.9	(41.9–56.1)

Note: Data Table for [Figure 2-53](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor); 2016–17.

**Table 2A-63: Use of Cannabis Mixed with Tobacco in the Past Year, Past Year Cannabis Users, 18+, Ontario, 2015–16**

Year	Population Estimate	%	95% Confidence Limit
2015	956,800	31.1	(23.2–40.3)
2016	485,900	31.7	(23.5–41.2)

Note: Data Table for [Figure 2-54](#).

Source: Centre for Addiction and Mental Health Monitor (CAMH-Monitor) 2015–16.

## Appendix B: Indicator Definitions

**Table 2B-1: Priority Population Determinants for Current Smoking, CCHS**

Indicator	Definition
Age and Sex	Four age groups (18–29; 30–44; 45–64; and 65+years) among males and females.
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).
Household income	Total household income from all sources (less than \$20,000; \$20,000 to less than \$40,000; \$40,000 to less than \$60,000; \$60,000 to less than \$80,000; and \$80,000 and more).
Marital Status	Marital status (married; living common-law; widowed; separated; divorced; single, and never married)
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.
Cultural background	Cultural or racial background of the respondent (White only, South Asian only, Chinese only, Black only, Filipino only, Latin American only, Arab only, Southeast Asian only, West Asian only, Korean only, Japanese only, Other racial or cultural origin (only), or multiple racial or cultural origins).
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).
Employment status	Working status of respondent in the week prior to the interview (employed, unemployed, not looking for work).
Sexual orientation	Respondent considers self as heterosexual or homosexual/bisexual.

Indicator	Definition
Alcohol consumption	Respondent has increased long term health risks due to their drinking habits, according to Canada's Low-Risk Alcohol Drinking Guidelines (LRADG). For women, no more than 10 drinks a week and no more than 2 drinks per day with more than 2 non-drinking days a week. For men, no more than 15 drinks a week and no more than 3 drinks per day with more than 2 non-drinking days a week. The LRADG's additional guidance for preventing injuries and for specific situations (e.g., operating vehicle or machinery, etc.) are not addressed in this report.
Unhealthy Eating	Respondent eats less than 5 servings of fruits and vegetables per day.
Physical Activity	Physically inactive according to the Canadian Physical Activity Guidelines (CPAG). Physically active is defined by the CPAF as having at least 150 minutes of moderate to vigorous intensity aerobic physical activity per week, in bouts of 10 minutes or more.
Overweight/obese	Respondent's Body Mass Index (underweight/acceptable weight vs. overweight/obese) based on the body weight classification system recommended by Health Canada and the World Health Organization (WHO).
Mood Disorder	Respondent reported mood disorder such as depression, bipolar disorder, mania or dysthymia.
Illicit Drug Use	Respondent used any illicit drug (marijuana, hashish, cocaine, amphetamines, speed, methamphetamines, crystal, ecstasy, hallucinogens, glue, gasoline, other solvents, or injected a non-prescribed drug) in the last 12 months.
Life stress	Perceived life stress on most days reported by respondent (quite a bit/extremely stressful; a bit stressful; not at all/not very stressful).
Food insecurity	This variable is based on a set of 10 adult-referenced questions and describes the food security situation of the adult members of the household in the previous 12 months. Food insecurity indicates compromise in quality/quantity of food consumed or reduced food intake and disrupted eating patterns.
Renting current dwelling	Respondent's dwelling is rented, even if no cash rent is paid.
No family doctor	Respondent has regular family doctor or general practitioner.
Sense of belonging to community	Respondent's sense of belonging to their local community (very strong; somewhat strong; somewhat weak; very weak)

Source: Canadian Community Health Survey (CCHS) 2017

**Table 2B-2: Priority Population Determinants for Current Smoking among Youth, OSDUHS**

Indicator	Definition
Sex	Respondent's sex
Grade	Respondent's grade (9 –12)
Parents with ≤high school education	Parents (both for two parents families and one for single families) have high school education or less
Parental birth place	Birth place of parents (two (or more) parents born in Canada; one parent born in Canada; no parent born in Canada)
Drug use problem	Reported at least 2 of the 5 items (used drugs to relax or fit in, used drug alone, forgotten things while using drugs, gotten into trouble while on drugs, had family say cut down on drugs) on the CRAFFT screener, which measures a drug use problem that may require treatment (in the past 12 months).
Hazardous or harmful drinking	Scored at least 8 out of 40 (Likert scoring) on the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) screen, which measures heavy drinking and alcohol-related problems during the past 12 months.
Work for pay	Students reported working for pay outside the home during the school year
Gambling	Reporting gambling money on 1 or more of 17 gambling activities during the past 12 months: card games, dice games, games of skill (such as pool, darts, chess, bowling), bingo, sports pools or fantasy sports, sports lottery tickets, other lottery tickets, video gambling/machines/slot machines, casino, video game, dare or private bet, online poker, online bingo, sports betting online, other online game, online lottery tickets, and other.
Health Professional Visit for Mental Health Problems	Reported at least one visit to a doctor, nurse, or counsellor for emotional or mental health reason in the last 12 months
Delinquent Behaviour	Reported at least 3 of the following 10 delinquent behaviours in the 12 months before the survey: stole a car, vandalized property, sold marijuana, theft of goods worth less than \$50, theft of goods worth \$50 or more, assaulted someone (not a sibling), break and entering, carried a weapon, ran away from home, and arson.
No Social Cohesion at School	Students who did not "feel close to people at school" or did not feel like they are "part of the school"
Rated Poor Health	Rating one's physical health as either "fair" or "poor"

Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2017

# Appendix C: Technical Information about Population-level Surveys

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## Canadian Community Health Survey (CCHS)

The Canadian Community Health Survey is a cross-sectional survey that collects information related to health status, health care utilization, and health determinants. It is a large-sample survey and is designed to provide reliable estimates at the health region level. CCHS started collecting data in 2001 and was repeated on a two-year collection cycle until 2005. Starting in 2007, it changed to annual data collection. The CCHS covers the population 12 years of age and over living in the ten provinces and the three territories. People living on reserves and other Indigenous settlements in the provinces, full-time members of the Canadian Forces, the institutionalized population, and children aged 12–17 that are living in foster care are excluded from the survey. The excluded population from the CCHS represent less than 3% of the target population.

In 2015, the CCHS introduced major changes to the sampling frame and content. Notably, two different sampling frames were introduced for youth (aged 12–17) and the adult population (aged 18 and older). Approximately 70% of the content that existed before the redesign was modified in 2015, ranging from minor tweaks or major changes to concepts, vocabulary, or response categories. Due to these changes, estimates based on the CCHS from 2015 onward should not be compared to previous releases. This report includes findings from CCHS 2001 to 2017. Findings from CCHS 2001–2014 were obtained from the Ontario Tobacco Research Unit (OTRU) 2017 Smoke-Free Ontario Strategy Monitoring Report<sup>1</sup>, which used the CCHS Master files. Findings from CCHS 2015–17 were analyzed at Public Health Ontario (PHO), using the Share files. The Share File contains only a portion (usually >90%) of the original respondents who agreed to share their data with certain partners. All survey estimates were weighted to be representative of the target population and variance estimates were calculated using bootstrap weights. In 2017, 53,800 Canadians, including 16,400 Ontarians, aged 12 years or older participated in the survey.

## Centre for Addiction and Mental Health Monitor (CAMH Monitor)

The Centre for Addiction and Mental Health Monitor is an annual cross-sectional survey that collects information on substance use and mental health status among Ontario adults aged 18 years and older. It is a random digit dialed telephone (landline and cellphone) survey. Ontario residents that are phoneless (< 0.5% of the population), those institutionalized in a medical or correctional setting, those too ill or aged to be interviewed and those unable to communicate in English on the telephone are excluded from the survey. The CAMH-Monitor replaced other population monitoring surveys, including the Adult Drug Use series (1977–91) and the Ontario Alcohol and Other Drug Opinion Survey series (1992–95). Starting



in 1996, CAMH-Monitor was conducted annually. In 2017, 2,812 adults (35% of eligible respondents) completed the survey. This report includes findings from CAMH-Monitor 2002–17. Findings from CAMH-Monitor 2002–16 were obtained from the OTRU 2017 Smoke-Free Ontario Strategy Monitoring Report.<sup>1</sup> Findings from the 2017 CAMH-Monitor were obtained from OTRU’s Tobacco Informatics Monitoring System (TIMS).<sup>2</sup>

## Canadian Tobacco, Alcohol and Drugs Survey (CTADS)

The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) is a repeated cross-sectional biennial survey of tobacco, alcohol and drug use among Canadians aged 15 years and older. CTADS is conducted by Statistics Canada on behalf of Health Canada. CTADS replaced the Canadian Tobacco Use Monitoring Survey (CTUMS), which was an annual survey that collected information on tobacco use and related issues from 1999 to 2012. In 2013, new content on alcohol use, prescription and non-prescription drug use was added to CTUMS to create CTADS. It is a telephone based (landline and cellphone) survey. The survey excludes residents of the Yukon, Northwest Territories and Nunavut, full-time residents of institutions, and individuals without telephones. CTADS uses a two-phase design to increase the representation of youth (15-19 year-olds) and young adults (20-24 year-olds) to obtain reliable estimates of those most at risk of becoming smokers. This report includes findings from CTADS 2013–17 Public Use Microdata Files (PUMF). All survey estimates were weighted to be representative of the target population and variance estimates were calculated using bootstrap weights. In 2017, 16,300 Canadians, including 3,600 Ontarians, aged 15 years or older participated in the survey.

## Ontario Student Drug Use and Health Survey (OSDUHS)

The Ontario Student Drug Use and Health Survey (OSDUHS) is a repeated cross-sectional biennial survey of tobacco use, substance use, mental health, physical health, gambling, bullying, and other risk behaviours among grade 7–12 students in Ontario’s publicly-funded schools. OSDUHS is a self-completed paper-and-pencil survey and is administered in groups by the Institute for Social Research at York University on behalf of the Centre for Addiction and Mental Health. The survey uses a stratified (region by school level) two-stage (school, class) cluster design. Schools on military bases, in First Nations communities, hospitals and other institutions and private schools are excluded from the survey. Students in special education classes and English as a Second Language classes are also excluded from OSDUHS. This report includes findings from OSDUHS 2003–17. Findings from OSDUHS 2003–15 were obtained from the OTRU 2017 Smoke-Free Ontario Strategy Monitoring Report<sup>1</sup>. Findings from OSDUHS 2017 were analyzed at PHO. In 2017, 11,435 students in grades 7 through 12 in 764 classes, in 214 schools from 52 English and French public and Catholic school boards participated in the survey. Sixty-one percent of randomly selected schools, 94% of selected classes and 61% of eligible students in those classes completed the survey. The participation at the student level was influenced by 12% of students who were absent and 27% of nonparticipating students who either did not return consent forms or their parents refused participation. All survey estimates were weighted to be representative of the target population and variance estimates and statistical tests were corrected for the complex sampling design.

## Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)

The Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) is a repeated cross-sectional biennial survey on tobacco use, substance use, mental health and other priority areas among Canadian students in grades 7 through 12. CSTADS is funded by Health Canada and is conducted by the Propel Centre for Population Health Impact at the University of Waterloo, in collaboration with researchers across Canada. CSTADS was formerly known as the Youth Smoking Survey (YSS) prior to 2014–15. Residents of Yukon, Nunavut and Northwest Territories, residents of institutions, and those attending schools on First Nations reserves, special needs schools (e.g., schools for visually- or hearing-impaired individuals) or schools located on military bases; schools that did not have at least 20 students enrolled in at least one eligible grade were excluded from the survey. All survey estimates were weighted to be representative of the target population and variance estimates were calculated using bootstrap weights. In 2017, 52,103 Canadians, including 10,195 Ontarians, in grades 7 through 12 participated in the survey.

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