## The Health Consequences of Tobacco Use

Tobacco products remain the leading cause of preventable disease, disability and death in Canada; and they remain the only consumer products which kill when used exactly as intended. Health Canada reports that 21% of all deaths in Canada are attributable to smoking.<sup>3</sup> Of these 45,000 tobacco-caused deaths per year, two-fifths are the result of cancers, two-fifths from cardiovascular disease and one-fifth from respiratory diseases like emphysema. Not all of tobacco's victims are adults: Health Canada estimates that, on average, two infants die every week, either as a result of tobacco-caused Sudden Infant Death Syndrome or respiratory illness caused by second-hand smoke.<sup>4</sup>

Tobacco products cause more harm than any other category of consumer products, and kill far more Canadians than any other type of drug. The rate of addiction is very high,

Figure 1
Tobacco-caused deaths in Canada,
1999

Annual Rate
45,214
29,229
15,986
105
17,703
17,562
9,498

Source: Health Canada, "Deaths in Canada due to Smoking, January, 1999

and smoking is more likely to have lethal consequences than are other high-risk behaviours. One half of all long-term smokers will die early as a result of smoking; one half of these will die in middle age, losing 20-25 years of life.

Although tobacco-caused deaths are higher among men (29,000 a year) than women (16,000 a year), the number of deaths among women is rising dramatically. From 1986 to 1996, tobacco-caused deaths among women rose from 9,000 to 16,000, or more than 75%.

"There is no doubt that taxation plays a key role in our attempts to reduce tobacco use among all young Canadians who are particularly price sensitive. For this reason, I fully support further tax increases and any initiative aimed at countering attempts, such as the Player's Insta-Kit, to avoid taxation."

Hon. Allan Rock, Minister of Health, letter to Ken Kyle, Director of Public Issues, Canadian Cancer Society, October 9, 1998.

From a public health perspective, cigarette taxes are not just a financial measure: they are a critical component of public health protection. This strategy is particularly important to disadvantaged populations, who increasingly carry the burden of the tobacco epidemic.<sup>5</sup>

<sup>&</sup>lt;sup>3</sup> Health Canada, Information Sheet "Deaths in Canada due to smoking," January 18, 1999.

<sup>4</sup> Ibid.

Smokers from all walks of life report that they want to quit.<sup>6</sup> The majority of them support taxes as part of a plan to help smokers quit.<sup>7</sup> Evidence suggests that the health of economically disadvantaged smokers is likely to benefit most from a tax-related price increase in cigarettes, as they are more likely to reduce the amount smoked as a result of price increases than wealthier smokers.<sup>8</sup>

Figure 2
Percentage of Canadians who smoke on a regular or occasional basis.

		% who smoke
•	Men	31%
•	Women	26%
•	Young adult men (20-24 years)	39%
•	Young adult women (20-24 years)	32%
Ab	original Canadians	
•	First Nations	56%
•	Metis	57%
•	Inuit	72%
Eco	onomic status	
•	Lowest income adequacy	38%
•	Highest income adequacy	21%
Edu	ıcation	
•	Less than high school	33%
•	College or University	23%
Occ	cupation	
•	Forestry workers	56%
•	Unemployed > 12 months	50%
•	Transportation workers	46%
•	Mining, fishing, construction	43%-45%
•	Involved in labour dispute	42%
•	Teaching or medicine	18%-19
		%

Source: See footnote #3

<sup>6</sup> According to the National Population Health Survey 1996/97, 49% of smokers are considering quitting within the next six months. Among the remaining 51%, it is very likely that a good number plan to quit in the longer term, or wish they didn't smoke but have become discouraged because of past smoking attempts. This is confirmed by data supplied by Imperial Tobacco (Letter to Physicians for a Smoke-Free Canada, June 30, 1999 from Brian Levitt, President and Chief Executive Officer, Imasco Ltd.), which shows a steady rise in the percentage of smokers who say they "intend to quit," from 38.2% in 1979 to 51.2% in 1991, the most recent

year for which figures were provided.

<sup>7</sup> For example, Environics poll conducted for Health Canada, January 1999.

<sup>&</sup>lt;sup>8</sup> Townsend, JL, Roderick P, Cooper J. Cigarette smoking by socioeconomic group, sex and age: effects of price, income and health publicity. British Medical Journal 1994; 309 (6959) 923-6.