

## 2 What

# the Research Says



**D**uring the public consultation process, the Task Force was given a great deal of research, information and statistics about the nature of tobacco smoke, and the adverse health effects of first-hand and second-hand tobacco smoke. Some of the significant numbers and messages put forward were as follows:

### TOBACCO FACTS

- Tobacco smoke contains over 4000 chemicals, at least 50 of which are known carcinogens (e.g., benzene, cyanide, formaldehyde, lead, and DDT) (Physicians for a Smoke-Free Canada [PSFC], 1999).
  - At least two products in tobacco smoke are illegal to manufacture in Canada because of their toxicity (PSFC, 1999).
  - Tobacco smoke clings to everything (e.g., food, furnishings, skin, clothing), and the irritants it produces are present long after the smokers have left (Health Canada, 2002).
- Smoking is responsible for one in five deaths in Canada - about five times the number of deaths caused by motor vehicle injuries, suicides, drug use, homicide and AIDS combined (PSFC, 2003).
  - There are over 45,000 smoking related deaths in Canada each year and the number is still growing (29,000 men, 16,000 women and 100 infants) (PSFC, 2003).
  - Over 1800 Manitobans die each year from smoking (Ellison, Mao & Gibbons, 1995).
  - Smoking rates and smoking deaths among women continue to increase. Every 35 minutes a Canadian woman dies as a result of smoking. Canada has the 7th highest rate of women's smoking in the world, according to the World Health Organization. For men, Canada ranks 73rd (PSFC, 2003).
  - Over 1000, and possibly as many as 7800 Canadians are estimated to be killed by second hand smoke each year (PSFC, 2001b). This includes an estimated 150 Manitobans.

### STATISTICS

- Manitoba consistently has one of the highest per capita rates of tobacco use in the country. Statistics from the Canadian Tobacco Use Monitoring Survey show that 26 per cent of all Manitobans smoke, 28 per cent of all Manitobans aged 15-19 smoke, 37 per cent of those aged 20-24 smoke, and 30 per cent of all those aged 25-44 smoke (Health Canada, 2001). In the latest Statistics Canada report, youth smoking is down in Manitoba from 28 per cent in 2001 to 23 per cent in 2002. In 2002, Manitoba led the nation in the number of people quitting smoking with 45,000 Manitobans deciding to quit.
- In 1996, smoking remained the number one preventable cause of death and disease in Canada (Makomaski Illing & Kaiserman, 1999).
- Smoking attributable costs (i.e. health care, residential care, workers' absenteeism, fires and lost future income due to premature death) in Canada have increased steadily since 1966 to the 1991 value of \$15 billion (Kaiserman, 1997). In early 2000, Dr. Kaiserman, of Health Canada, reviewed existing data provided by Manitoba Health and estimated that the direct health care costs of tobacco use in this province are approximately \$130 million annually.

## HEALTH EFFECTS

- The Ontario Medical Association (2003) states that, “The overwhelming body of medical evidence contained in hundreds of scientific studies and six internationally recognized comprehensive reviews undertaken during the last decade clearly demonstrates the direct causes and linkages between exposure to second-hand smoke and serious health effects among non-smokers.” The University of Toronto, Ontario Tobacco Research Unit (2001) notes further that, “Few issues have been subject to as many scientifically rigorous reviews as Second Hand Smoke (SHS). Recommendations in the reports of major scientific reviews have been expressed in many different ways. However, the message from all of them is clear, consistent and unanimous: All involuntary exposure to tobacco smoke is harmful and should be eliminated.”
- SHS causes heart disease, lung cancer and nasal sinus cancer in adults. Children are particularly vulnerable to SHS because their lungs are still growing and developing. In children, SHS is known to cause SIDS, low birth weight, bronchitis, pneumonia and other lower respiratory tract infections, asthma exacerbation, middle ear disease and respiratory symptoms (University of Toronto, 2001).
- Exposure to SHS has also been linked to stroke, breast cancer, cervical cancer and miscarriages in adults. In children, SHS is linked to adverse impact on cognition and behaviour, decreased lung function, asthma induction and exacerbation of cystic fibrosis. In the short term, SHS irritates the eyes, throat, nose and lungs, triggers allergic reactions, and causes headaches, sore throats, nausea and dizziness (University of Toronto, 2001)
- One in five Canadians has a pre-existing health condition (e.g., heart or lung condition or allergies) that can be aggravated by exposure to SHS (Manitoba Lung Association, [n.d.]).
- SHS has cumulative negative effects on smokers as well as non-smokers. Whether one is a smoker or a non-smoker, a significant improvement in lung function and a reduction in respiratory symptoms will occur among workers in a smoke-free environment after a ban is implemented (Manitoba Medical Association, 2003; Ontario Medical Association, 2003).