



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 18-23

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 March 16

BURDEN OF HEALTH ATTRIBUTABLE TO SMOKING AND ALCOHOL CONSUMPTION IN MIDDLESEX-LONDON

Recommendation

It is recommended that the Board of Health receive Report No. 18-23, re: “Burden of Health Attributable to Smoking and Alcohol Consumption in Middlesex-London” for information.

Key Points

- It is estimated that smoking contributed to 597 or 16.3% of all deaths, 2082 or 7.9% of hospitalizations, and 3917 or 3.2% of emergency department visits in an average year, amongst those older than 35 years of age in Middlesex-London.
- Alcohol consumption is estimated to contribute to 154 or 4.1% of all deaths, 842 or 2.4% of hospitalizations and 6,968 or 3.8% of emergency department visits in an average year, amongst those older than 15 years of age in Middlesex-London.
- Full findings are found in the Executive Summary as [Appendix A](#).

The Burden of Health from Tobacco and Alcohol - Summary of the Findings

On February 7, 2023, Public Health Ontario (PHO) and Ontario Health (OH) co-released the report “[Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit](#)” to highlight the prevalence of smoking and alcohol consumption along with their attributable health conditions and harms, including emergency department (ED) visits, hospitalizations, and deaths.

Between 2015 and 2017, the prevalence of people in the Middlesex-London region 20 years of age and older who reported that they smoke cigarettes daily or occasionally was 18.1%. The OH and PHO report showed that annually there was an estimated 597 (16.3%) deaths, 2,082 (7.9%) hospitalizations, and 3,917 (3.2%) ED visits among Middlesex-London residents age 35 and older that were attributable to smoking. It was also reported that between 2015 and 2017, the prevalence of current alcohol consumption for people aged 15 and older among Middlesex-London residents was 78.9%, while 36.5% of those 19 and older drink two or more drinks per week. OH and PHO estimated that in an average year in the Middlesex-London region, there were 154 (4.1%) deaths, 842 (2.4%) hospitalizations and 6,968 (3.8%) ED visits among residents age 15 and older attributable to alcohol consumption. These and other Middlesex-London region findings from the report are summarized in [Appendix A](#).

Beyond the direct health costs outlined in the report, the economic and societal costs associated with tobacco and alcohol is substantial, including lost productivity from illness, injury and premature death, costs associated with the criminal justice system, and impacts related to motor vehicle collisions, violence, family discord and mental health challenges. According to the [Canadian Centre on Substance Use and Addiction \(CCSA\)](#), in 2017, substance use in Ontario cost more than \$17 billion, or \$1,235/person. Tobacco accounts for 28% of those costs (\$4.8 billion) and alcohol, 35% (\$6.2 billion) of the costs. To address the burden of tobacco and alcohol, Health Unit staff develop and implement public health interventions, including public education and skill-building, partnerships and collective community action, advocacy and healthy public policy, and enforcement.

Addressing the Burden of Tobacco Through Collective Action

The province is divided into seven public health unit regions (Tobacco Control Area Networks - TCANs), each with a coordinating public health unit. As the coordinating public health unit for the Southwest Tobacco Control Area Network (SW TCAN), Health Unit staff work collaboratively with the six other health units in southwestern Ontario, the seven coordinating public health units across Ontario, and provincial non-governmental organizations to develop, implement and evaluate public health interventions to reduce the burden of illness from tobacco and vapour product use. In 2022, TCAN staff conducted a needs assessment which identified potential provincial priorities for collective public health action in 2023:

- Cigarettes continue to be the most used nicotine product by adults, and therefore, cessation supports and resources for adults who smoke remains a priority.
- Vaping is the primary mode of nicotine consumption among youth, and common among never smokers, and therefore, youth vaping is a priority for collective action.

To address some of these priorities, the Southwest TCAN's @DogandTom Instagram social marketing strategy uses a Sunday comic strip style to engage with young adults on Instagram to promote a tobacco- and vape-free lifestyle. [NotanExperiment.ca](#) is a provincial website, with an inventory of complementary tools and resources for youth, parents and educators to prevent youth vaping and to promote vaping cessation.

Reducing the Harms from Alcohol

Alcohol is considered a normative substance in our community, yet alcohol is “no ordinary commodity” as a leading cause of preventable death, disability, and societal problems. The Health Unit's alcohol program uses a comprehensive health promotion approach to decrease alcohol-related harms and to create a culture of alcohol moderation. In January 2023, the CCSA released [Canada's Guidance on Alcohol and Health](#) and [Infographic](#) to replace the 2011 Canada's Low-Risk Alcohol Drinking Guidelines. This updated guidance is designed to help people make informed decisions about alcohol consumption and their health, by introducing a risk continuum:

- **No Risk** for those who consume **0 drinks** per week;
- **Low** for individuals who consume **one to two standard drinks** per week;
- **Moderate** for those who consume between **three and six standard drinks** per week; and
- **Increasingly high** for those who consume **seven standard drinks or more** per week.

Health Unit staff are working locally, regionally through the Southwest Polysubstance Working Group, and provincially through OPHA's Alcohol Policy Working Group to operationalize the new guidance, promoting the risks associated with alcohol use and supporting the development of healthier public policies. The Health Unit is involved in a multi-Health Unit social marketing campaign called “Before the Floor” that promotes tips to young adults on how to reduce harms when drinking. Plans are also underway to translate Canada's Guidance on Alcohol and Health into the creation and distribution of tangible messages and tools.

This report was submitted by the Healthy Living Division and the Office of the Medical Officer of Health.

A handwritten signature in black ink that reads "Alexander T. Summers". The signature is fluid and cursive, with the first name "Alexander" and last name "Summers" clearly legible.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

A handwritten signature in black ink that reads "E Williams". The signature is cursive, with the first letter "E" being large and stylized, followed by "Williams".

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer