The purpose of this health indicator report is to provide information about the perceptions of the level of health risk associated with using electronic cigarettes (e-cigarettes) among adults aged 18 and over living in Halton Region.

Electronic cigarettes, commonly known as e-cigarettes, are battery-operated devices which mimic the smoking experience using an inhalation process that heats and vaporizes the e-liquid inside. This is often referred to as “vaping”. E-cigarettes do not contain tobacco, however, most of the e-liquids have nicotine, which is the addictive substance found in cigarettes and other tobacco products. Globally, and in Ontario, e-cigarette use is becoming increasingly population, especially among young adults aged 18-24.1,2

Evidence of potential health effects is sufficient to suggest that non-smokers should not use electronic cigarettes.2 Some smokers using certain kinds of e-cigarettes in certain ways may quit smoking.3 While e-cigarettes are less harmful than tobacco, it doesn't mean they are safe.3 More research is needed to determine long-term health effects for users and those exposed to second-hand vapor as well as the potential role for helping smokers quit.2,3

The current Electronic Cigarettes Act bans the sale and supply of e-cigarettes to anyone under the age of 19.4 There is currently provincial legislation drafted that restricts where e-cigarettes can be used. This updated act is scheduled to be enacted in 2018. The Halton Region Health Department is responsible for enforcing the Smoke-Free Ontario Act and Electronic Cigarettes Act.1 For more information visit the halton.ca.

This health indicator report uses data from the Rapid Risk Factor Surveillance System (RRFSS).

### Overall Findings

In 2016, the perceived level of health risk associated with e-cigarette use among Halton adults was:
- 58% high or medium risk
- 16% low or no risk
- 26% do not know.

### Sex

In 2016, there were no significant differences by sex in the percentage of Halton adults who thought that e-cigarette use was associated with a high or medium health risk. There were also no significant differences by sex in the low or no risk and don’t know categories.
In 2016, the percentage of Halton adults who thought that e-cigarette use was associated with high or medium health risk decreased as age increased. However, this was primarily due to the fact that the percentage of adults who were unsure of the level of health risk associated with e-cigarette use increased as age increased.

Halton adults aged 18-24 were most likely to think that e-cigarette use was associated with low or no health risk, however, this difference was not statistically significant.

In 2016, there were no significant differences by municipality in the percentage of Halton adults who thought that e-cigarette use was associated with a high or medium health risk. There were also no significant differences by municipality in the low or no risk and don’t know categories.

In 2016, there were no significant differences by income in the percentage of Halton adults who thought that e-cigarette use was associated with a high or medium health risk. There were also no significant differences by income in the low or no risk and don’t know categories.

In 2016, there were no significant differences by education in the percentage of Halton adults who thought that e-cigarette use was associated with a high or medium health risk. There were also no significant differences by education in the low or no risk and don’t know categories.
Definitions: Electronic cigarettes (e-cigarettes) are battery operated devices designed to deliver a liquid mix of chemical ingredients that may or may not contain nicotine to users as vapour instead of smoke. They can also be referred to as e-cigs, e-smokes, e-hookah, hookah pens, e-cigars, vapes, vape pipes/pens, personal vapourizers, and personal inhalers.

Respondents were asked the question: “In general, when people use e-cigarettes do you think they are putting their health at high risk, medium risk, low risk or no risk compared to not using e-cigarettes?” and if necessary the interviewer would clarify “We would like to know the health risk of someone smoking e-cigarettes compared to NOT smoking e-cigarettes. We are not looking for the health risk of smoking a cigarette compared to smoking an e-cigarette.” The response options were grouped into three categories: 1) high/medium risk, 2) low/no risk, 3) unknown risk (don’t know or never heard of this). Respondents who refused to answer were excluded from analysis as this category accounted for <5% of responses.

Data Source: Rapid Risk Factor Surveillance System [2016], Halton Region Health Department and Institute for Social Research, York University.

Estimates marked with an asterisk (*) should be interpreted with caution due to high variability.

References:

For more health indicator and health status reports, visit the Halton Health Statistics website at halton.ca.

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