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## UNIVERSITY of Manitoba

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## The Cost of Smoking: \$244 Million a Year

Cigarette smoking costs Manitoba's publicly funded healthcare system an extra \$244 million a year, according to a new in-depth study from the Manitoba Centre for Health Policy: \$147 million in hospital costs, \$40 million in prescription drugs funded by Pharmacare, \$39 million in extra visits to the doctor, and \$18 million for smoking-related cancer care. These results do not include costs associated with second-hand smoke.

*The Cost of Smoking: A Manitoba Study* linked 45,000 Manitobans' survey responses on smoking with records of their use of health services to measure the excess burden that smoking places on Manitoba's healthcare system. The study used information on health service use spanning 23 years, from 1989 to 2012.

The report shows that the percentage of Manitobans who smoke is steadily dropping. In 1989, 22% of Manitobans smoked daily and 65% were casual or former smokers. By 2011, these numbers were 14% and 42%, respectively.

Daily smokers and former daily smokers had the highest use of healthcare services, and account for most of the excess cost burden. However, even casual smokers were found to use more healthcare services than non-smokers.

Smokers were 10 times more likely to develop specific forms of cancer (such as lung or throat cancers) known to be connected to tobacco use—about 580 new cases each year.

Some of the study's most important findings were about the impact of smoking on life expectancy. Other research has estimated that smoking can shorten life expectancy by between 5 and 10 years. Using more rigorous methods, MCHP's study found that having ever smoked reduced life expectancy by only about 1.5 years, and that smoking every day reduced life expectancy by about 2 years. These findings are similar to a comparable study done in Ontario which used similar methods. This difference is still significant, but it means that most smokers will live into their late 70s or early 80s. However, even though smokers may live almost as long as non-smokers, they aren't aging well. They are sicker and use more healthcare than non-smokers. And because they're living almost as long, their higher rates of health service use are not offset by premature death.

"This finding should change how we think about the effect of smoking on health. It isn't that if you smoke you will die a lot younger—but you will be sicker, and have lower quality of life," says Dr. Nathan Nickel, one of the study's lead authors.

According to Dr. Nickel, "our cost estimates are probably on the low side. Smoking rates have dropped significantly in the past 20 years, and we calculated costs based on how many people were smoking in 2011. So our cost estimates would have been even higher for previous years. We also weren't able to measure the effect of second-hand smoke, loss of economic productivity, or the cost of income assistance due to illness."

The full report can be downloaded from the MCHP website at: umanitoba.ca/medicine/units/mchp

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