

MAY 2026
ISBN 978 976 654 113 2



At A Glance:
Tobacco Use in Jamaica

At A Glance: Tobacco Use in Jamaica
Ministry of Health and Wellness, Jamaica 2026

Short extracts from this publication may be copied or reproduced for individual use, without permission, provided the source is fully acknowledged. Reproduction that is more extensive or storage in a retrieval system, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, requires the permission of the Ministry of Health and Wellness.

Published by
Ministry of Health & Wellness
10-16 Grenada Way, Kingston 5
Jamaica

Telephone: 1-888-ONE-LOVE
E-mail: info@moh.gov.jm
website: www.moh.gov.jm

ISBN 978 976 654 113 2

Printed in Jamaica by
Paperboy Ja
Unit 1 Masterton Complex
21-25 Hanover Street Kingston

Table of Contents

Introduction	1
Health Effects of Tobacco Use	15
Tobacco Use in Jamaica	25
Response	41
Editorial Team	49

Introduction

The History of Tobacco and Nicotine Delivery Systems

Tobacco is made from the leaves of plants of the genus *Nicotiana*. Originally, these were found mainly in North and South American countries. Archaeological studies indicate that tobacco was first used during the 1st Century BC by the Mayans of Central America who smoked tobacco leaves as part of their religious and other sacred rituals¹.

This practice was later adopted by other native tribes from 470 AD onwards, with the “Shamans”, using it as part of their religious rituals as snuff or in pipes and cigars. It was also used in the treatment of asthma, fever, depression and insect bites¹.



Introduction

The navigator Christopher Columbus and his associates later documented tobacco use in Bahamas, Cuba and other countries. Persons later used tobacco as: hookah (water pipe), chillum (clay pipe), cigarettes and rolled tobacco (bidis)¹.

Hookah (water pipe)



Chillum (clay pipe)



Cigarettes



Rolled Tobacco (bidis)



[1] Mishra S, Mishra MB. Tobacco: Its historical, cultural, oral, and periodontal health association. Journal of International Society of Preventive and Community Dentistry [Internet]. 2013;3(1):12. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894096>

Introduction

After the introduction of tobacco to Europe, its use spread to many countries. Tobacco also became a major cash crop in the Americas, supported by slave labor.¹ Cigarettes, in the form we know today, became popular when its manufacture was industrialized in the 1800s¹.

The global popularization of cigarettes occurred in the early 20th century, where cigarette smoking moved from a luxury habit to one adopted by the masses. This was promoted by increased marketing of cigarettes, as well as its spread during World War I and II^{1,2}.

Despite increased use, research studies in the early twentieth century began to show that smoking was harmful to health, with key studies in the 1950s showing that smoking was associated with lung cancer. This led the Royal College of Physicians and the US Surgeon General to make statements in the 1960s that smoking was a cause of lung cancer. Further studies showed the harmful effect of smoking on health and its association with other diseases².

[1] Hanafin J, Clancy L. History of Tobacco Production and Use. In: Loddenkemper R, Kreuter M, editors. The Tobacco Epidemic, ed 2, rev. and ext. Basel: Karger; 2015. p. 1–18. (Progress in Respiratory Research; vol 42). DOI: [10.1159/000369289](https://doi.org/10.1159/000369289). [1]

[2] Musk AW, de Klerk NH. History of tobacco and health. *Respirology*. 2003 Aug;8(3):286-90. doi: 10.1046/j.1440-1843.2003.00483.x. [1]

Introduction

Growing evidence on the harmful nature of cigarette smoking included a number of responses, including advertising bans, warning labels, graphic images, health education, and taxation. The WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force in 2005. It is one of the main treaties of the United Nations with parties to the treaty covering approximately 90% of the global population¹.



[1]Hanafin J, Clancy L. History of Tobacco Production and Use. In: Lodenkemper R, Kreuter M, editors. The Tobacco Epidemic, ed 2, rev. and ext. Basel: Karger; 2015. p. 1–18. (Progress in Respiratory Research; vol 42). DOI: [10.1159/000369289](https://doi.org/10.1159/000369289). [1]

Introduction

Electronic Cigarettes (E-Cigarettes or Vapes)

E-cigarettes are also referred to as “vapes” and may be used to provide nicotine, cannabis (THC, CBD) flavorings and other poly substances. They bear a variety of names such as e-cigs, vape pens, tanks, mods, mod-pods and electronic nicotine delivery systems (ENDS). They also present in different shapes, and types of devices. The practice of e-cigarette use is classified as “vaping”¹.



Introduction

E-cigarettes were first marketed globally in 2007 after gaining success in China¹ and have transitioned over time from mimicing the look and feel of cigarettes (cigalikes) to now being more inconspicuous. The “newer” versions of ENDS are referred to as “pod mods” or “pods” and adolescents and young adults have embraced them for this feature. They contain fruit and menthol flavor profiles, which reduce the adverse smell and throat irritations which are generally consistent with traditional cigarettes².

The Evolution of E-Cigarettes

E-cigarettes have evolved generationally as follows:

- 1st Generation - Disposable Cigarettes
- 2nd Generation - E-Cigarettes with pre-filled or re-fillable cartridge
- 3rd Generation - Tanks or Mods (re-fillable)
- 4th Generation - Pod-mods (pre-filled or re-fillable)³



[1] Kumar R, Kumar M, Arisham DK, Naudiyal P, Saroj SK, Kumar D, et al. Emerging emergency of e-cigarette: An overview. Journal of Contemporary Studies in Epidemiology and Public Health [Internet]. 2025 May 14 [cited 2026 Apr 30];6(1):ep25003. Available from: <https://www.jconseph.com/download/emerging-emergency-of-e-cigarette-an-overview-16374.pdf>

[2] Fadus MC, Smith TT, Squeglia LM. The rise of e-cigarettes, pod mod devices, and JUUL among youth: Factors influencing use, health implications, and downstream effects. Drug and Alcohol Dependence [Internet]. 2019 Aug;201(1):85–93. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7183384/>

[3] Centers for Disease Control and Prevention, US Department of Health and Human Services, E-cigarette, or vaping, products visual dictionary [Internet]. Atlanta (GA): 2019 [cited 2026 April 30]. Available from: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf

Introduction

Some Reasons Why Electronic Cigarettes are Preferred Among The Youth



Taste/ Flavor

(strawberry, blueberry ice, pineapple, apple and many others)



Aesthetic

(they resemble pens and so can be taken to school without anyone noticing)



Ease of

accessibility/purchase
(online, gas stations, convenience store, from classmates, on social media and other platforms)

Introduction

Nicotine E-Cigarettes

- ▶ Are Highly Addictive.
- ▶ Can Result in Delay in Adolescent Brain Development.



- ◀ **Flavours are enticing to our Children:** Tobacco companies use flavours like cherry, bubble gum and cotton candy in tobacco and nicotine products to deceive young people as to the harmful effects.

The proposed Tobacco Control Act, 2020 seeks to protect our nation's children from being recruited and from the harms of tobacco use and exposure.

#TobaccoExposed #SaveAGeneration



Introduction

Examples of Electronic Cigarettes (E-Cigarettes or Vapes)

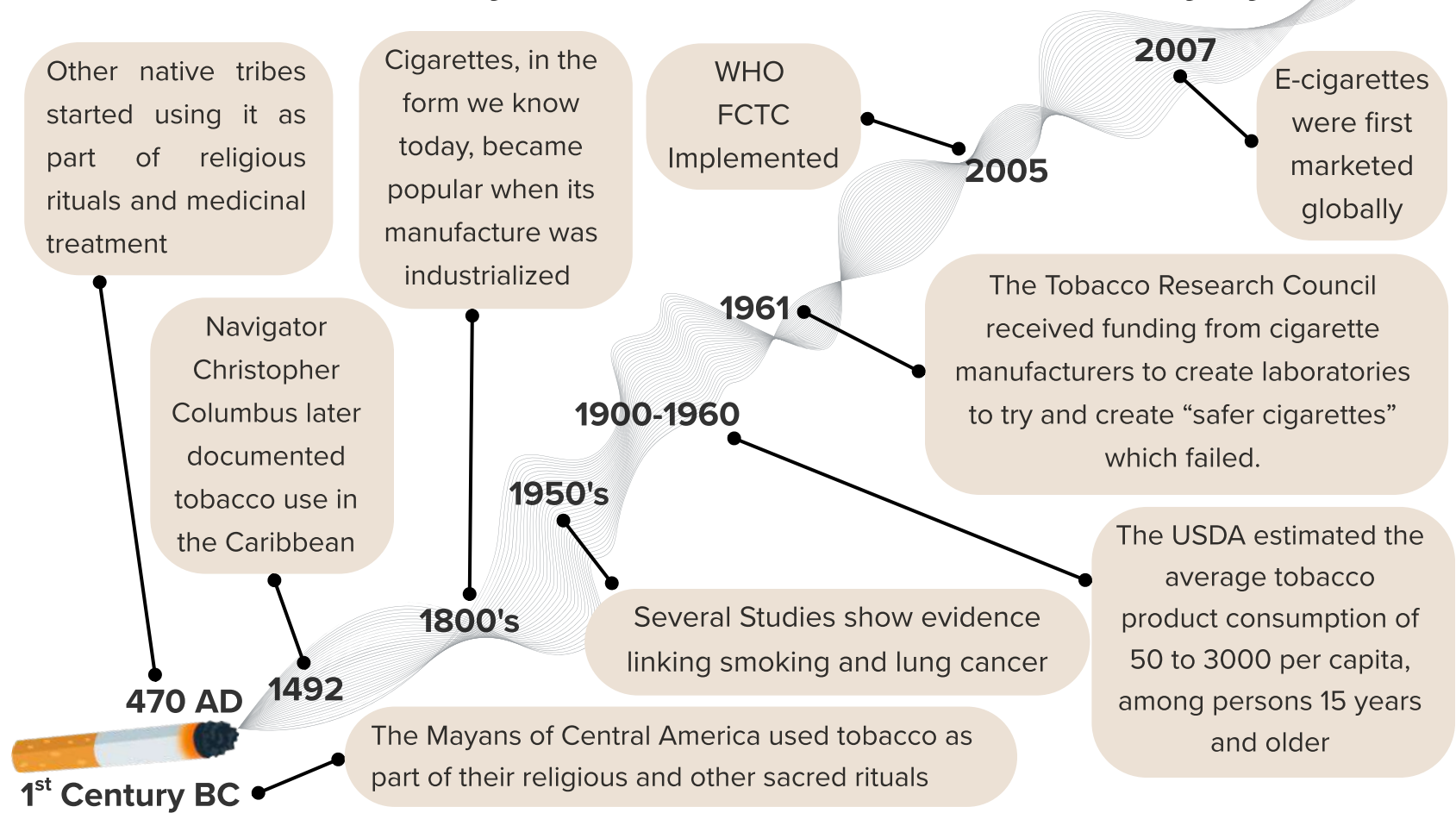


Images from: www.freepik.com

[1] National Council on Drug Abuse, The Voices of Adolescents: A Rapid Assessment on Substance Abuse Use and Urgent Issues in Secondary Schools, 2022, Available from: National Council on Drug Abuse, [unpublished]

Introduction

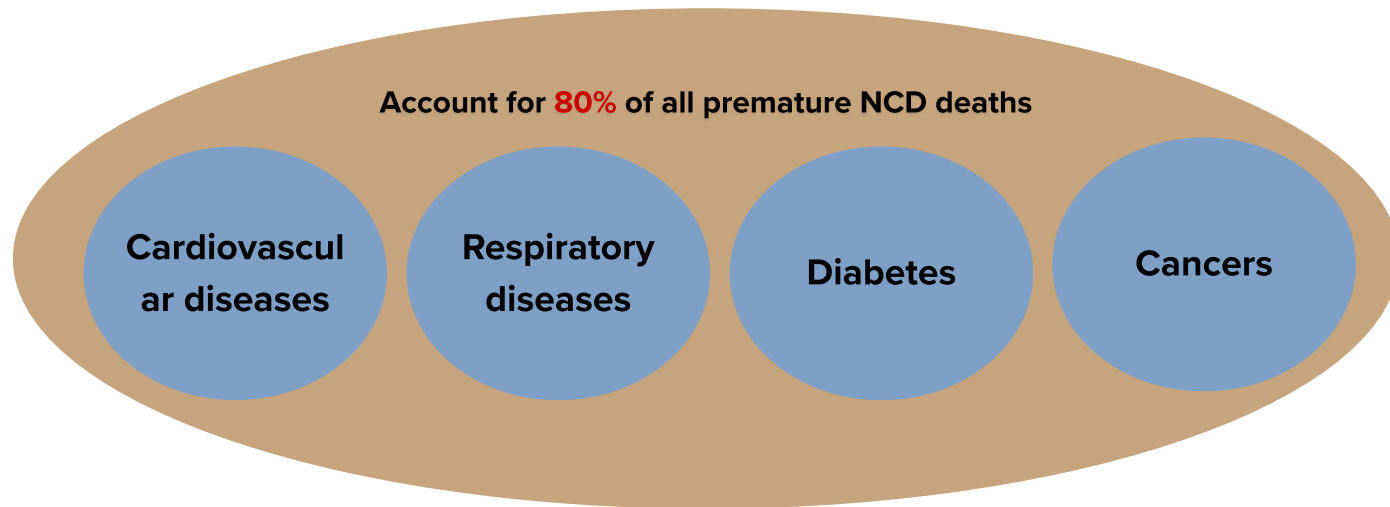
Timeline for the History of Tobacco and Nicotine Delivery Systems



Introduction

The Global Rise in Non-Communicable Diseases (NCDs)

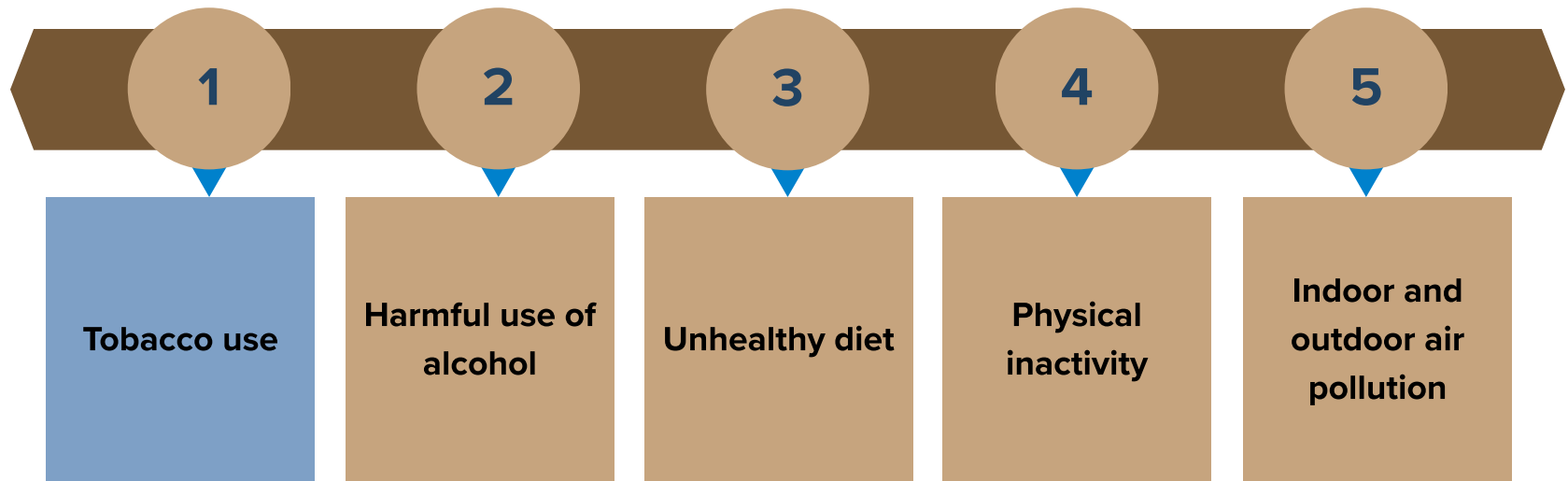
The global and regional increase in non-communicable diseases (NCDs) is a major concern for health authorities. NCDs are defined as metabolic conditions characterised by a slow progression in illness and an extended duration. The most common NCDs are cardiovascular diseases, cancers, respiratory diseases and diabetes, which account for over 80% of all premature NCD deaths¹. The United Nations aims to, as part of its Sustainable Development Goals (SDG target 3.4), obtain a 1/3 reduction in premature mortality by the year 2030².



Introduction

World Health Organization (WHO) Shared Risk Factors

The WHO highlights that there are five (5) main modifiable-shared behavioural risk factors related to the development of NCDs. The risk factors are tobacco use, the harmful use of alcohol, unhealthy diet, physical inactivity, and indoor and outdoor air pollution. These contribute to the development of NCDs¹.

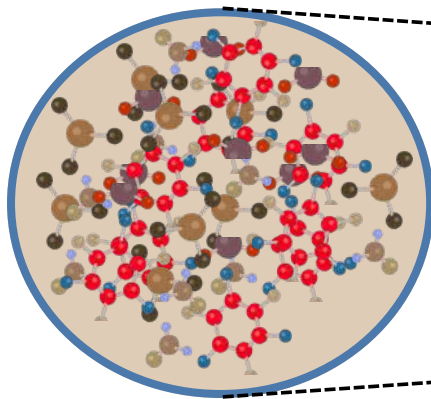


[1] World Health Organization. Noncommunicable diseases: Risk factors [Internet]. Cairo: WHO Regional Office for the Eastern Mediterranean; [cited 2026 April 17]. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/risk-factors.html>

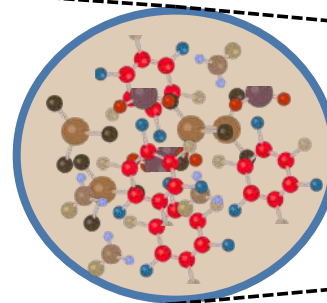
Introduction

Components of Tobacco Smoke

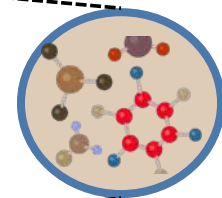
About 7,000 chemicals are contained in tobacco smoke and at least 250 of these are known to be harmful to both smokers and non-smokers. Some of these chemicals include hydrogen cyanide, carbon monoxide and ammonia. At least 69 of these estimated 250 chemicals are identified as cancerous. The cancer-causing chemicals include benzene, beryllium, formaldehyde, nickel, vinyl chloride and ethylene oxide¹.



About **7,000** chemicals are contained in tobacco smoke



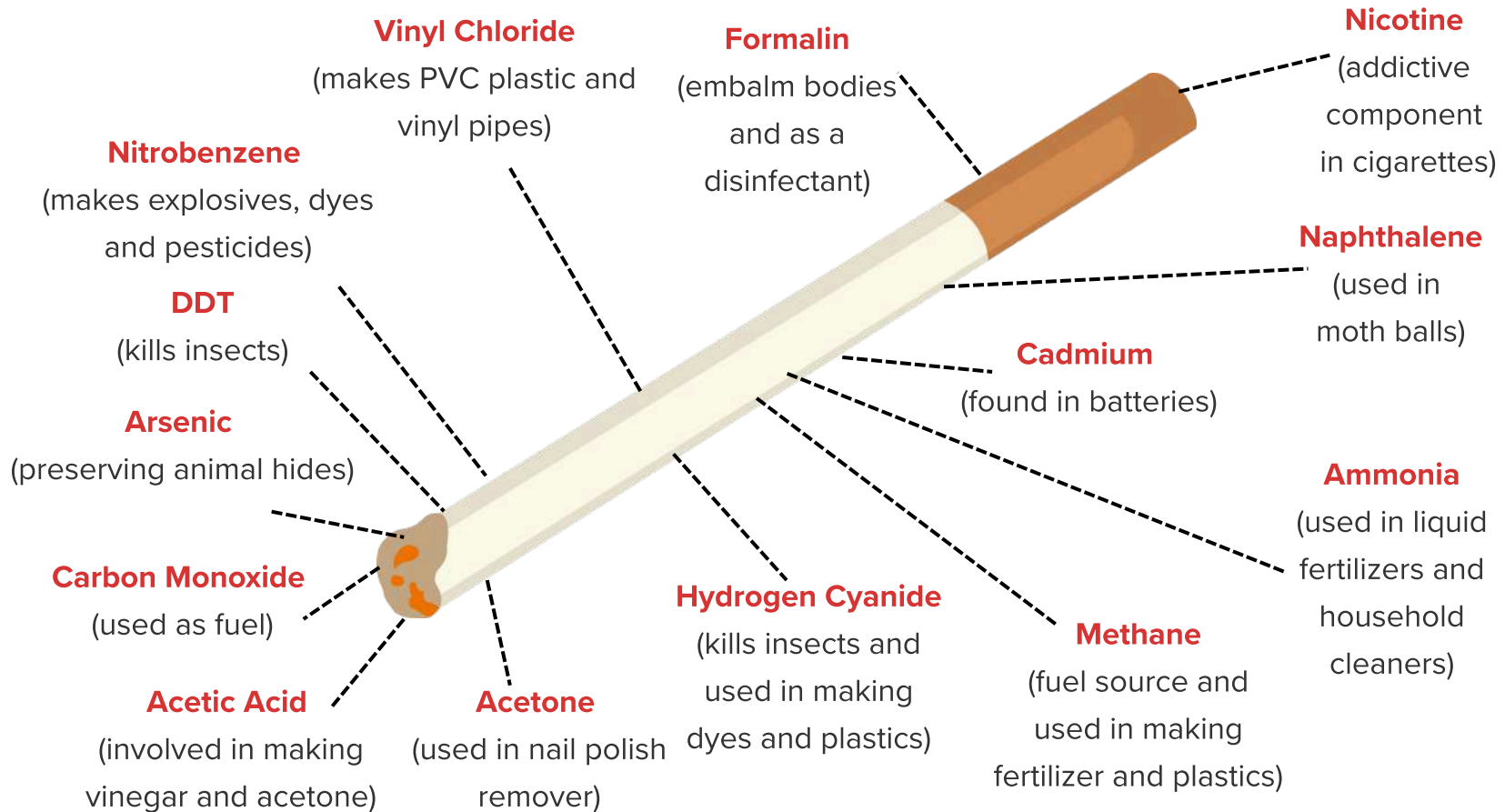
About **250** of these **7,000** are known to be harmful



At least **69** of these **250** chemicals are cancerous

Introduction

Some Toxic Chemicals Found in Cigarette Smoke and their Main Uses



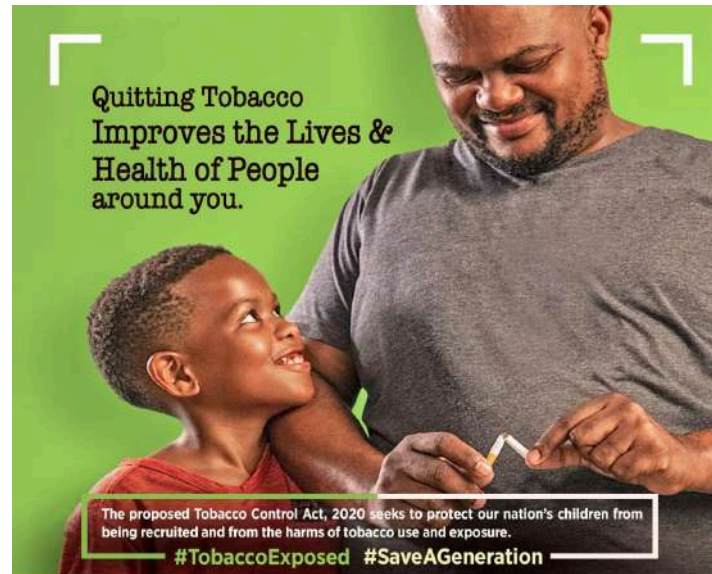
[1] World Health Organization. Composition of second-hand smoke [Internet]. Geneva: World Health Organization; [date unknown, cited 2026 April 16]. Available from: <https://www.who.int/docs/librariesprovider2/default-document-library/9-composition-of-second-hand-smoke.pdf>

[2] Health Powered Kids. Allina Health. Toxic chemicals in cigarette smoke [Internet]. Minneapolis (MN): Hennepin Healthcare; 2015 [cited 2026 May 5]. Available from: https://healthpoweredkids.org/wp-content/uploads/2015/08/15745_Toxic-Chemicals-in-Cigarette-Smoke.pdf

Health Effects of Tobacco Use

Harmful Effects of Tobacco Use

Nicotine use has been linked to poor health outcomes such as diseases of the heart, reproductive system, lungs, kidneys and other organs. Nicotine is also addictive. Numerous studies have shown that nicotine use causes cancer¹.



[1] Mishra A, Chaturvedi P, Datta S, Sinukumar S, Joshi P, Garg A. Harmful effects of nicotine. Indian Journal of Medical and Paediatric Oncology [Internet]. 2015;36(1):24–31. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4363846/>

Health Effects of Tobacco Use

Nicotine Addiction

Nicotine, an addictive drug, is the main reason users of tobacco and e-cigarettes can become addicted. Persons who are addicted to nicotine, uncontrollably engage in its use (smoke or smokeless) despite being aware of the negative health consequences¹.

Research shows that adolescents and teens are at a higher risk of addiction. Further evidence also shows that treatment modalities for addiction do work. However, some persons need more support than others to successfully quit and avoid a relapse¹.



**Persons who are addicted to nicotine,
uncontrollably engage in its use despite
being aware of the negative health
consequences**



[1] National Institute of Drug Abuse. Tobacco Addiction. Research Report Series. From the Director. 2026. NIH Publication Number 09-4342. Printed July 1998, Reprinted August 2001, Revised July 2006, Revised June 2009. [cited 2026 May 1]. Available from: <https://www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-gpo16429/pdf/GOVPUB-HE20-PURL-gpo16429.pdf>

Health Effects of Tobacco Use

Tobacco Use: A Risk Factor for Cancer

According to the International Agency for Research on Cancer (IARC), tobacco consumption is the single largest cause of cancer globally. Tobacco smoking is the largest cause of lung cancer¹.

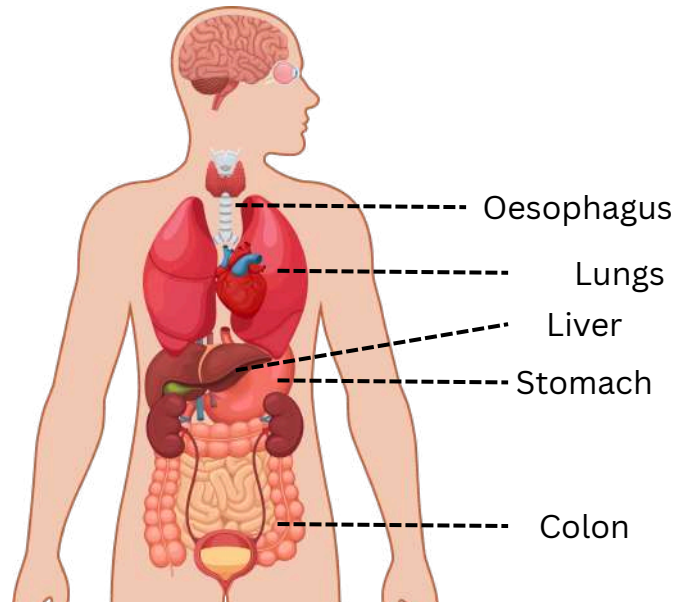


**Tobacco consumption is
the largest cause of
cancer globally**

Health Effects of Tobacco Use

Lung cancer incidence and mortality rates have been linked to the proportion of tobacco smoked 20 to 30 years earlier. The lungs, stomach, liver, oesophagus, rectum, bile duct, pancreas, female breast, upper-aerodigestive tract and the colon were the main cancer sites adversely affected by either smoking tobacco, smokeless tobacco or second-hand tobacco smoke exposure¹.

List of Some Main Cancer Sites Affected by Tobacco Use



[1] World Health Organization, International Agency for Research on Cancer, List of classifications by cancer sites with sufficient or limited evidence in humans IARC Monographs vol. 1-40^a, 2019, Available from: https://monographs.iarc.who.int/wp-content/uploads/2019/07/Classifications_by_cancer_site.pdf

Health Effects of Tobacco Use

Tobacco Use: A Risk Factor for Heart Disease

Heart disease has been linked to tobacco smoking. The toxic substances in tobacco can adversely impair cardiovascular function thereby leading to coronary artery disease, peripheral vascular disease, aortic aneurisms, hypertension and stroke¹.

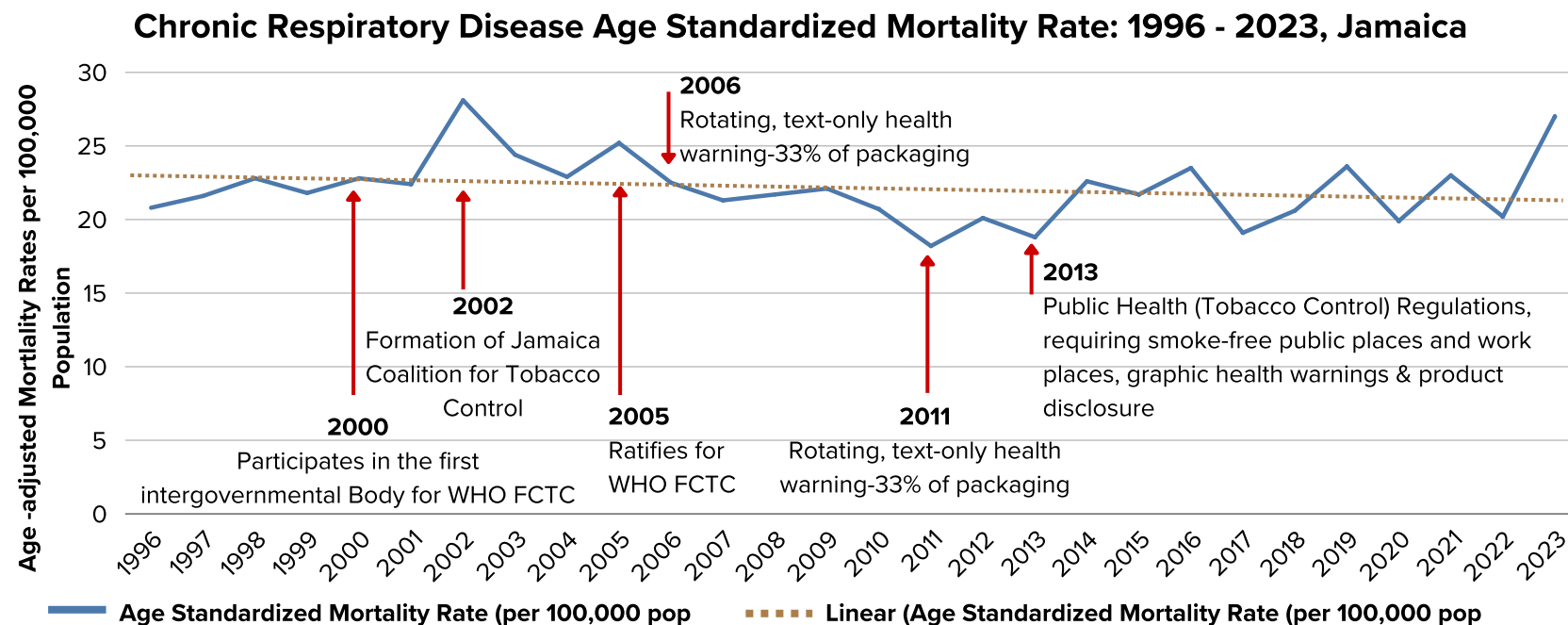
All tobacco products (not just cigarettes) contain dangerous substances. Smoking can clog the arteries and even a few minutes of exposure to second-hand smoke can adversely affect heart function, blood and overall circulatory and cardiovascular systems².



Health Effects of Tobacco Use

Tobacco Use: A Risk Factor for Respiratory Disease

Cigarette smoking has caused more deaths from diseases of the circulatory system, respiratory conditions and tuberculosis than cancer¹. There has been a general decline in chronic respiratory disease deaths over the period 1996 to 2021, since the introduction of public health interventions.



[1] World Health Organization. International Agency for Research on Cancer. World Cancer Report, Cancer Research for Cancer Prevention. 2020, [cited 2026 May 1] Available from: <https://www.iccp-portal.org/sites/default/files/resources/IARC%20World%20Cancer%20Report%202020.pdf>

Health Effects of Tobacco Use

Tobacco Use: A Risk Factor for Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is irreversible, and restricts airflow to the lungs, resulting in shortness of breath and chronic coughing with phlegm. Smoking is a primary risk factor for COPD. Tar, nicotine and other toxic chemicals are contained in cigarette smoke, and particles from these can result in chronic inflammation, infections, oxidative stress, and damage to the airways and gas-exchange areas of the lung.

In addition to primary tobacco use, second-hand smoking has also been associated with COPD-related deaths. Smoke exposure and inhalation by expectant mothers can also result in pre-term births as well as asthma and COPD in their newborn¹

[1] World Health Organization, Tobacco and Chronic Obstructive Pulmonary Disease (COPD), 2023, Available from: <https://iris.who.int/server/api/core/bitstreams/2aa8c20c-e3bc-4971-8c0a-b12405ee63aa/content>

Health Effects of Tobacco Use

Tobacco Related Mortality

Tobacco use is one of the primary risk factors for chronic diseases, cancers, strokes and other Non-Communicable Diseases (NCDs), and estimates reveal that about 8 million of all the deaths that occur annually throughout the world are related to tobacco smoking¹. General life expectancy for smokers has been estimated to be 10 to 18 years less than non-smokers².



[1] US Centers for Disease Control and Prevention (CDC). Smoking and Tobacco Use. Global Tobacco Control. [cited 2026 May 1]. Available from: <https://www.cdc.gov/tobacco/global/index.htm>

[2] Oo, KM, Effects of Smoking on Human Health, J.Myan. Acad. Tech. 15 (1-2), 1-16. 2015, Available from: [https://www.maas.edu.mm/wp-content/uploads/2020/04/1.%20Research%20articles%20in%20Research%20Journals/16.%20%20Effects%20of%20Smoking%20on%20Human%20Health%20\(2015\)/2.%20%20Effects%20of%20Smoking%20on%20Human%20Health%20\(2015\).pdf](https://www.maas.edu.mm/wp-content/uploads/2020/04/1.%20Research%20articles%20in%20Research%20Journals/16.%20%20Effects%20of%20Smoking%20on%20Human%20Health%20(2015)/2.%20%20Effects%20of%20Smoking%20on%20Human%20Health%20(2015).pdf)

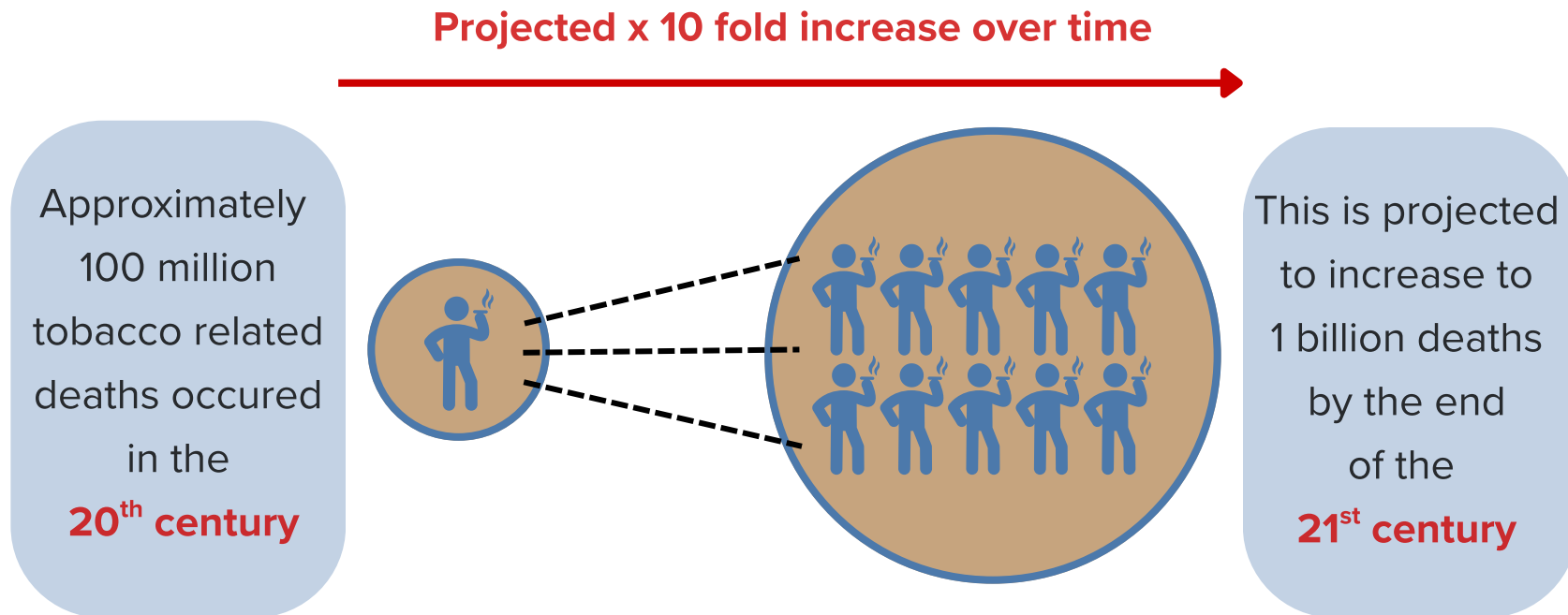
Health Effects of Tobacco Use

It is estimated that approximately 83% of the global tobacco-related deaths will occur in low and middle-income countries by 2030. More males than females have died from tobacco-related illnesses worldwide as a result of the smoking prevalence being higher for men. The gap in tobacco mortality rates between men and women is closing, as women have increasingly been adopting the practice of smoking, particularly among the youth. Second-hand smoke is also associated with tobacco-related mortality¹.

By 2030, about **83%** of deaths worldwide due to tobacco use will occur in **low and middle income countries.**

Health Effects of Tobacco Use

The WHO reported that one hundred million deaths were attributable to tobacco use or exposure during the 20th century, and, if the pattern persists, it is estimated that this total will increase to one billion at the end of the 21st century¹.



[1] World Health Organization Regional Office for Africa. Chapter 10: Deaths. In: The health of the people: what works: the African regional health report 2014 [Internet]. Brazzaville: World Health Organization; 2014 [cited 2026 May 1]. p. 119–130. Available from: <https://www.afro.who.int/sites/default/files/2017-09/Chapter%2010.%20Deaths.pdf>

Tobacco Use in Jamaica

Jamaicans who choose to smoke tobacco mainly do so in the form of cigarettes, beadie or cigars. Common tobacco products include; “hot grabba”, “blem”, “red herrin” or “rope twist” by Jamaicans¹.

The National Drug Prevalence Survey Report (2023), provided data on current and lifetime tobacco use among persons 12 to 65 years. About 1 in 3 (31.5%) persons reported ever smoking tobacco. About 1 in 6 (16.8%) persons reported smoking tobacco in the past year, with 1 in 9 (11.8%) currently smoking tobacco in the past month. The highest proportion of current smokers was observed in the 25-34 year age group (15.8%) when compared with other age categories.

Current smoking varied by sex. Approximately 1 in 5 (20.5%) males currently smoked tobacco compared with 3.1% of females².



Tobacco Use in Jamaica

Tobacco Use Among Jamaicans 18 Years and Younger

Characteristics	Age (years)	Year	Total (%)	Male (%)	Female (%)
Current Tobacco Smoker	13-15 ¹	2010	23.9	31.0	16.9
	13-15 ²	2017	13.1	17.9	8.7
	13-17 ²	2017	14.9	19.1	11.0
	13-15 ³	2010	31.3	32.5	28.0
	13-15 ⁴	2017	14.4	14.4	13.9

[1] World Health Organization, Global School-based Student Health Survey Fact Sheet, 2010, Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/gshs/2010_gshs_fs_jamaica.pdf?sfvrsn=a4f4d2a0_5&download=true

[2] World Health Organization, Global School-based Student Health Survey Fact Sheet, 2017, Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/gshs/jamaica_2017_gshs_fs.pdf?sfvrsn=dd249324_5

[3] National Council on Drug Abuse. Global Youth Tobacco Survey, 2010, Available from: <https://ncda.org.jm/publications/surveys/survey-global-youth-tobacco-survey-jamaica-2010/>

[4] National Council on Drug Abuse, Global Youth Tobacco Survey, 2017, Available from: [https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/jamaica-gyts-2017-factsheet-\(ages-13-15\)-\(final\)_tag508.pdf?sfvrsn=43dc5bd8_1](https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/jamaica-gyts-2017-factsheet-(ages-13-15)-(final)_tag508.pdf?sfvrsn=43dc5bd8_1)

Tobacco Use in Jamaica

Tobacco Use Among Jamaicans 12 Years and Older

Characteristics	Age (years)	Year	Total (%)	Male (%)	Female (%)
Current Tobacco Smoker	15-74 ¹	2001	17.7	28.4	7.1
	15-74 ¹	2008	14.5	22.1	7.2
	≥15 ¹	2017	14.8	26.0	4.7
	18-24 ²	2016	13.2	19.4	7.1
	25-34 ²	2016	12.1	18.9	5.7
	35-44 ²	2016	15.3	24.2	7.3
	45-54 ²	2016	9.9	15.9	3.9
	55-65 ²	2016	11.7	18.5	4.9
	12-65 ²	2016	11.0	16.8	5.3
	18-24 ²	2023	14.9	24.5	5.0
	25-34 ²	2023	15.8	29.5	3.1
	35-44 ²	2023	14.2	25.5	3.9
	45-54 ²	2023	11.8	19.0	4.6
	55-65 ²	2023	11.0	19.9	1.9
12-65 ²	2023	11.8	20.5	3.1	

[1] Ministry of Health and Wellness, Jamaica Health and Lifestyle Surveys, 2001, 2006/2007 and, 2016/2017

[2] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

Tobacco Use in Jamaica

Tobacco Use In Jamaicans 12 to 65 Years was Highest Among Those:



25 to 34 years of age (15.8%)

Age Group

- 0.7% 12 to 14
- 2.4% 15 to 17
- 1.8% 12 to 17
- 14.9% 18 to 24
- **15.8% 25 to 34**
- 14.2% 35 to 44
- 11.8% 45 to 54
- 11.0% 55 to 65



Unemployed (14.4%)

Occupation

- 10.7% Professional
- 9.3% Highly Skilled
- 12.9% Skilled
- 10.8% Unskilled
- **14.4% Unemployed**
- 11.3% Member of Armed Forces

[1] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

Tobacco Use in Jamaica

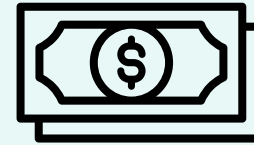
Tobacco Use In Jamaicans 12 to 65 Years was Highest Among Those:



Employed (15.8%)

Employment Status

- **15.8% Employed**
- 9.1% Unemployed
- 1.2% Student
- 9.6% Retired/Independent



Monthly income of
\$50,001-\$100,000 (13.8%)

Monthly Income \$JA

- 12.9% ≤\$50,000
- **13.8% \$50,001 - \$100,000**
- 12.6% \$100,001 - \$180,000
- 7.1% >\$180,000
- 6.9% Don't Know/
No Response

[1] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

Tobacco Use in Jamaica

Tobacco Use In Jamaicans 12 to 65 Years was Highest Among Those:



Single (12.5%)

Marital Status

- **12.5%** **Single**
- 9.9% Married/Common Law
- 11.9% Divorced/Separated



Primary/lower education (13.7%)

Education Level

- **13.7%** **Primary/Lower**
- 12.9% Secondary
- 7.2% Post Secondary/Tertiary

[1] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

Tobacco Use in Jamaica

Tobacco Use In Jamaicans 12 to 65 Years was Highest Among Those:



Persons of other races (12.3%)

Race

- 11.9 Black
- **12.3** Other



Rastafarian Religion (33.2%)

Religious Affiliation

- 8.0 Christian
- **33.2** **Rastafarian**
- 14.8 Other/non-Christian

[1] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

Tobacco Use in Jamaica

Polysubstance Use

Tobacco is sometimes consumed with other substances, including alcohol and marijuana. The 2016 National Drug Prevalence survey reported that approximately 1 in 11 (9.1%) used alcohol and tobacco in the past month, with 1 in 13 (7.7%) using tobacco and marijuana. About 1 in 15 (6.9%) reported using all three substances¹.

In the past month:

1 in 11 (9.1%) used
alcohol and tobacco



1 in 13 (7.7%) used
marijuana and tobacco



1 in 15 (6.9%) used
alcohol, marijuana and
tobacco

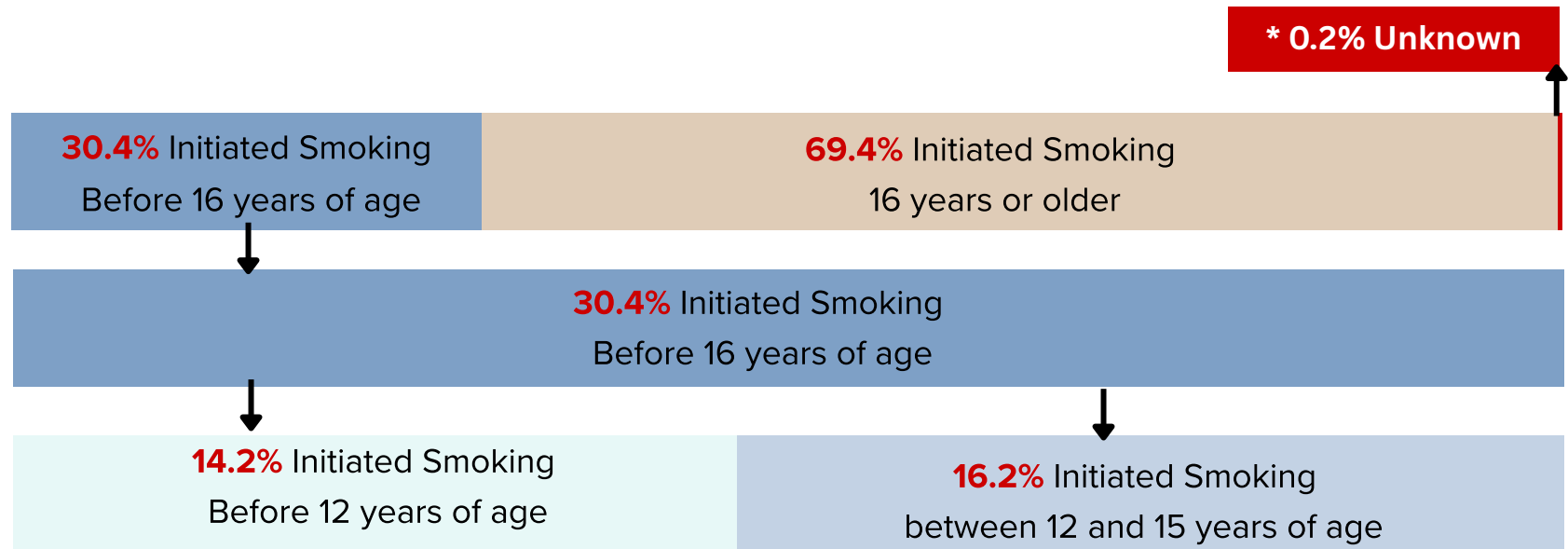


1. Lalwani K, Whitehorne-Smith P, Walcott G, McLeary JG, Mitchell G, Abel W. Prevalence and sociodemographic factors associated with polysubstance use: analysis of a population-based survey in Jamaica. BMC Psychiatry. 2022 Jul 29;22(1):513. doi: [10.1186/s12888-022-04160-2](https://doi.org/10.1186/s12888-022-04160-2). [1, 2, 3, 4]

Tobacco Use in Jamaica

Cigarette Smoking Initiation

The 2023, National Drug Prevalence Survey reported that the average age when persons first started using tobacco was 16.9 years. Males tended to start smoking earlier than females at 16.5 years, while females, on average, initiated tobacco use at 17.6 years old¹. Among persons who smoked in 2017, 3 out of 10 (30.4%) reported that they started smoking before the age of 16 years, while 14.2% initiated smoking before 12 years of age².

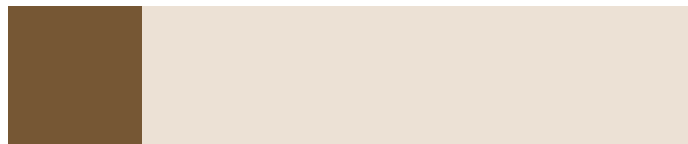


[1] Ministry of Health and Wellness. National Council on Drug Abuse. National Drug Prevalence Survey 2023. Kingston: Ministry of Health and Wellness; 2023 [cited 2026 May 4].

[2] Ministry of Health and Wellness. Jamaica Health and Lifestyle Survey III (JHLS III) 2016-2017 [Internet]. Kingston: Ministry of Health and Wellness; 2018 [cited 2026 May 2]. Available from: <https://www.moh.gov.jm/wp-content/uploads/2024/03/Jamaica-Health-and-Lifestyle-Survey-2016-17-JHLSIII-Electronic.pdf>

Tobacco Use in Jamaica

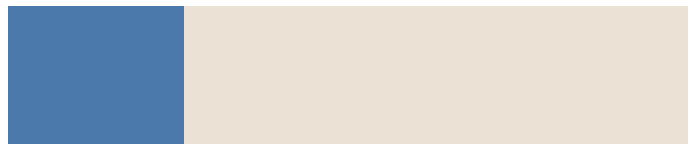
Use of Any Tobacco Product among Students 13-17 Years of Age



19.4%

Total

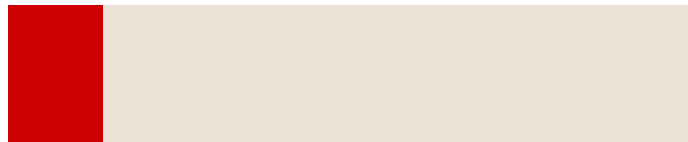
About **1 in 5 (19.4%)** students were current users of any tobacco product



25.5%

Male

1 in 4 (25.5%) male students were current users of any tobacco product



13.7%

Female

1 in 7 (13.7%) female students were current users of any tobacco product

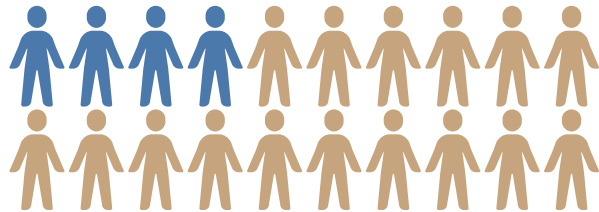
[1] World Health Organization. Jamaica Global School-based Student Health Survey (GSHS) 2017: fact sheet [Internet]. Geneva: World Health Organization; 2017 [cited 2026 May 4]. Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/gshs/jamaica_2017_gshs_fs.pdf

Tobacco Use in Jamaica

Current Cigarette Smoking among Students 13-17 Years of Age



3 in 20 (14.9%) students currently smoke cigarettes



4 in 20 (19.1%) male students currently smoke cigarettes



2 in 20 (11.0%) female students currently smoke cigarettes

[1] World Health Organization. Jamaica Global School-based Student Health Survey (GSHS) 2017: fact sheet [Internet]. Geneva: World Health Organization; 2017 [cited 2026 May 4]. Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/gshs/jamaica_2017_gshs_fs.pdf

Tobacco Use in Jamaica

Exposure to Second-hand Smoking

The Jamaica Survey of Living Conditions (2016) marked the initial year when questions aimed at monitoring the “smoke free spaces” component of the WHO Framework Convention on Tobacco Control (FCTC) Public Health Regulation were added.

Persons 14 years and older were asked to indicate how often they smoked in addition to the places where they saw persons smoking within a 30-day period.



[1] Planning Institute of Jamaica. Recent publications and reports [Internet]. Kingston: Planning Institute of Jamaica; [cited 2026 May 4]. Available from: <https://www.pioj.gov.jm/recent-publications-and-reports/> [individual reports for the years 2016-2019]

Tobacco Use in Jamaica

Persons were asked to indicate where they saw persons smoking within a 30-day period. Less than 1% of respondents reported seeing persons smoking in government buildings.

Where Persons See Others Smoking (JSLC: 2016 and 2019)



Bus stop

13.7% in 2016

26.7% in 2019



Inside the home

25.7% in 2016

30.0% in 2019



Government Building

0.1% in 2016

0.3% in 2019



Public Transportation

4.1% in 2016

3.8 % in 2019



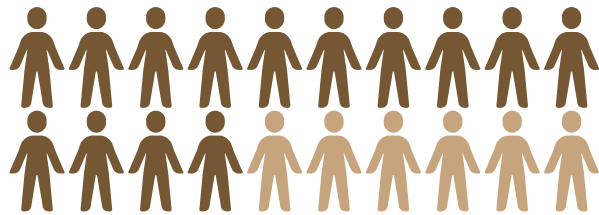
Indoor Work Area

4.4% in 2016

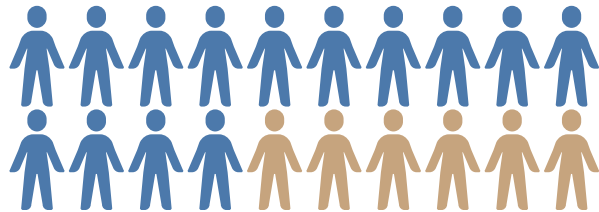
10.8 % in 2019

Tobacco Use in Jamaica

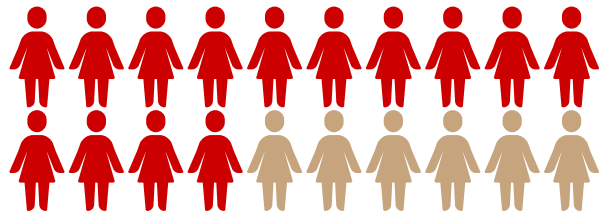
Exposure to Second-hand Smoke in the Past 7 Days Reported by Students 13-17 Years of Age



About **14** in **20 (67.4%)** students reported exposure to second hand smoke



14 in **20 (69.6%)** male students reported exposure to second hand smoke



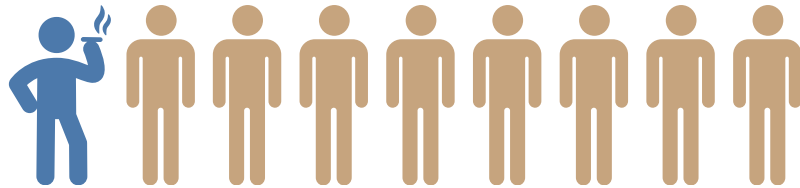
14 in **20 (65.6%)** female students reported exposure to second hand smoke

[1] World Health Organization. Jamaica Global School-based Student Health Survey (GSHS) 2017: fact sheet [Internet]. Geneva: World Health Organization; 2017 [cited 2026 May 4]. Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/gshs/jamaica_2017_gshs_fs.pdf

Tobacco Use in Jamaica

E-cigarette Use Among Adolescents

The National Council on Drug Abuse reported in its 2017 Global Tobacco Survey that 14.7% of adolescents aged 13 to 15 years used an e-cigarette at least once in their lifetime. About 1 in 9 (11.7%) Jamaican students aged 13-15 years old were current users of E-cigarettes.



**About 1 in 9 (11.7%)
Jamaican students
aged 13-15 years were
current users of E-cigarettes**

Tobacco Use in Jamaica

Cigarette vs. E-cigarette Use

E-cigarette use (vaping) is becoming more common among Jamaican adolescents aged 13-15 years old than traditional cigarette use. The Global Youth Tobacco Survey 2017 reports that 11.7% of students within this cohort currently use e-cigarettes compared to 11.2% of those who smoke cigarettes¹.

A sub-population study dubbed the St. Catherine Study was later conducted in 2023 on school-aged children in grades 7 through to 12, typically aged between 13 and 17 years old. The study found that 17.8% of the students were current cigarette smokers while 21.9% were current users of any tobacco product. Furthermore, 17.6% were current e-cigarette users. There were more female current smokers across all categories than males².

[1] World Health Organization. Global Youth Tobacco Survey (GYTS): Jamaica fact sheet (ages 13-15) [Internet]. Geneva: World Health Organization; 2017 [cited 2026 May 3]. Available from: [https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/jamaica-gyts-2017-factsheet-\(ages-13-15\)-\(final\)_tag508.pdf?sfvrsn=43dc5bd8_1](https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/jamaica/jamaica-gyts-2017-factsheet-(ages-13-15)-(final)_tag508.pdf?sfvrsn=43dc5bd8_1)

[2] World Health Organization. Global School-based Student Health Survey (GSHS) [Internet]. Geneva: World Health Organization; [cited 2026 May 4]. Available from: <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey>

The Response

The Global Response: The Framework Convention on Tobacco Control (FCTC)

The World Health Organization developed the Framework Convention on Tobacco Control (FCTC) in response to the global tobacco epidemic. Jamaica has been a party to the WHO FCTC since July 7, 2005¹. As of November 2025, some 183 countries were listed as parties to the Treaty. This total represents approximately 90% of the global population. Each party commits to the protection of public health from the health, social, economic and environmental effects of tobacco use for its current and future generations².



[1] World Trade Organization. WHO Framework Convention on Tobacco Control and Protocol to Eliminate Illicit Trade in Tobacco Products. International trade statistics 2013: Part II: Trade in goods and services [Internet]. Geneva: World Trade Organization; 2013 [cited 2026 May 3]. Available from: https://www.wto.org/english/res_e/booksp_e/int_exp_regs_part2_2_e.pdf

[2] World Health Organization. WHO Framework Convention on Tobacco Control: Parties [Internet]. Geneva: World Health Organization; [cited 2026 May 4]. Available from: <https://fctc.who.int/who-fctc/overview/parties>

The Response

The FCTC includes provisions to address both the demand and supply of tobacco products.

Demand reduction strategies include:

- Article 6: Price and tax measures to reduce tobacco demand and

The following non-price measures:

- Article 8: Protection from tobacco smoke exposure
- Article 9: Tobacco product content regulation
- Article 10: Tobacco product disclosures
- Article 11: Tobacco product packaging and labeling
- Article 12: Education, communication, training and public awareness
- Article 13: Advertisement, promotion and sponsorship
- Article 14: Measures concerning tobacco dependence and cessation¹



[1] Ministry of Health. Tobacco Control Programme [Internet]. Kingston (Jamaica): Ministry of Health; 2016 [cited 2026 May 4]. Available from: <https://www.moh.gov.jm/wp-content/uploads/2016/07/Tobacco-Control-Programme.pdf>

The Response

Supply reduction strategies include:

- Article 15: Illicit tobacco product trade
- Article 16: Sales to and by minors
- Article 17: Provision of economically viable alternatives¹

The Ministry of Health and Wellness is the lead Ministry for implementing the tobacco control legislation in the Vision 2030 National Development Plan².

Jamaica's progress against the FCTC Articles can be found here³:



[1] Ministry of Health. Tobacco Control Programme [Internet]. Kingston (Jamaica): Ministry of Health; 2016 [cited 2026 May 4]. Available from: <https://www.moh.gov.jm/wp-content/uploads/2016/07/Tobacco-Control-Programme.pdf>

[2] Ministry of Health. Tobacco Control Programme [Internet]. Kingston (Jamaica): Ministry of Health; 2016 [cited 2026 May 4]. Available from: <https://www.moh.gov.jm/wp-content/uploads/2016/07/Tobacco-Control-Programme.pdf>

[3] World Health Organization. WHO Framework Convention on Tobacco Control: 2025 implementation report, Jamaica [Internet]. Geneva: World Health Organization; 2025 [cited 2026 May 4]. Available from: https://extranet.who.int/fctcapps/sites/default/files/2025-07/WHOFCTC2025_Jamaica%20%28AMR%29.pdf

The Response

Surveillance and Monitoring Scorecard for Jamaica Tobacco Demand Reduction Measures

Increased excise taxes and prices



Smoke-free policies



Large graphic health warnings/plain packaging



Bans on advertising, promotion and sponsorship



Mass media campaign



The Response

The Global Response: WHO “Best Buys”

WHO ‘Best Buys’ are defined as a ‘set of cost-effective interventions recommended by the World Health Organization to address four main shared risk factors for NCDs¹. These are tobacco, the harmful use of alcohol, unhealthy diet and physical inactivity. In order to achieve the Best Buys to reduce tobacco use the WHO recommends specific interventions for countries, including Jamaica, which are parties to the WHO Framework Convention on Tobacco Control (WHO FCTC).

These are:

- Strengthen the effective implementation of the WHO FCTC and its protocols.
- Establish and operationalize national coordinating mechanisms for the implementation of the WHO FCTC as part of a national tobacco control strategy with specific mandates, responsibilities and resources².

[1] Pan American Health Organization. Brochure: NCD Best Buys [Internet]. Washington, D.C.: PAHO; 2024 [cited 2026 Apr 17]. Available from:<https://www.paho.org/sites/default/files/2024-12/brochure-ncd-best-buys-web-eng-compress.pdf>

The Response

WHO Non Communicable Disease “Best Buys” for Reducing Tobacco Use

Tax

Increase excise taxes and prices on tobacco products

Packaging

Implement large graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging

Advertising, promotion and sponsorship

Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship

Smoke-free public places

Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transports

Educate

Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke, and encourage behaviour change

Support for tobacco cessation

Provision of cost-covered effective population-wide support (including brief advice, national toll-free quit line services and m-Cessation) for tobacco cessation to all tobacco users

[1] World Health Organization. Department of Non Communicable Diseases. Tackling NCDs. Best buys and other recommended interventions for the prevention and control of noncommunicable diseases. 2024. [internet] Available from: <https://iris.who.int/server/api/core/bitstreams/f6f90d96-8688-42e9-87ba-5c86e7f8e0e1/content>

The Response

The National Response: Concept Document on Comprehensive Tobacco Control Legislation

Recognizing the role tobacco use plays in the development of NCDs, Jamaica passed the Public Health Tobacco Control Regulations in 2013 (amended in 2014) under the Public Health Act, which forbids the use of tobacco and tobacco related products (including e-cigarettes) in enclosed public spaces, public transport and other facilities where the general public would frequent.

The “Tobacco control Act, 2020” was tabled in Parliament on December 1, 2020 and is currently being considered by a Joint Select Committee which is chaired by the Hon. Minister of Health and Wellness¹



The Response

Concept Document on Tobacco Control Legislation

Once the Bill is officially passed, it will provide the necessary guidelines for restricting all forms of tobacco advertisement, promotion and sponsorship. It will especially protect the vulnerable population and by extension all Jamaicans from the harmful and other ill effects of tobacco use¹

Please scan the code below to access the Bill entitled Public Health (Tobacco Control) Act, 2020²



[1] Ministry of Health and Wellness Jamaica. Health Ministry Doubles Down on Policies & Legislations. 2024. [Press Release. Published May 13, 2024] Available from: <https://www.moh.gov.jm/health-ministry-doubles-down-on-policies-legislation/>

[2] Ministry of Health and Wellness Jamaica. The Tobacco Control Act, 2020. [Internet]. Kingston: Ministry of Health and Wellness; 2020 [cited 2026 May 1]. Available from: <https://www.moh.gov.jm/wp-content/uploads/2021/09/The-Tobacco-Control-Act-2020.pdf>

Editorial Team

Dr. Karen Webster-Kerr	Principal Medical Officer, National Epidemiologist
Dr. Andriene Grant	Director, Epidemiological Research and Analysis Unit
Dr. Ardene Harris	Senior Medical Officer, Medical Epidemiologist, National Surveillance Unit
Ms. Samantha Anderson	Acting Director, Health Status Monitoring Unit
Ms. Romae Thorpe	Biostatistician, Epidemiological Research and Analysis Unit
Mr. Jovan Wiggan	Epidemiological Officer, National Epidemiology Branch
Ms. Tanielle Mullings	Research Officer, Epidemiological Research and Analysis Unit
Mr. Amarley Wright	Health Status Monitoring Officer, Health Status Monitoring Unit
Ms. Deborah Henningham	Research Officer, Epidemiological Research and Analysis Unit
Mrs. Anna Kay Howell-Cunningham	GIS Analyst, Epidemiological Research and Analysis Unit

Notes

Notes

#NotAReplacement

Say
NO




to

addiction
wasting money
attacks
heart
blindness
bad breath
impotence
nicotine
tar
cancers
early aging
wrinkling

Tobacco



 www.moh.gov.jm

   @themohgovjm



**NO
SMOKING**

VIOLATORS ARE SUBJECT TO PROSECUTION
The Public Health (Tobacco Control) Regulations, 2013

