



Heart and Stroke Foundation of Canada

Position Statement

BECOMING OR REMAINING SMOKE-FREE

FACTS

- In 1998, 47,581 Canadians died as a result of tobacco use and second hand smoke. Cancers accounted for 18,347 deaths, heart disease and stroke for 17,413 deaths, and respiratory diseases for 10,618 deaths.¹
- In 2005, 19% of Canadians smoked cigarettes. Young adult Canadians aged 20-24 years had the highest rate of smoking at 26%.²
- If current rates of tobacco use continue, approximately one million Canadians will die over the next 20 years as a direct result of smoking and second hand smoke.¹
- Smoking is a risk factor for heart disease, stroke, cancer, and respiratory disease.
- Lung and throat cancers are caused by the burning of hundreds of chemicals in cigarettes.³
- Nicotine is an addictive drug that increases your blood pressure, makes your heart work harder, can result in blood clots, and can be highly addictive.⁴ The use of nicotine medications (e.g. patch, gum, inhaler) as an aid to quitting smoking is much less harmful than smoking a cigarette.^{5,6} Tobacco smoke contains over 4,000 chemicals, including at least 50 that cause, initiate or promote cancer. Although the amount in each cigarette is small, the amount stored in the body increases with each puff of the cigarette.³
- Smoking during pregnancy not only affects the health of a mother, but also her unborn and newborn baby.⁷ If you smoke and are pregnant, you have a higher risk of miscarriage and complications during birth, and of having an infant with low birth weight.⁸ Your baby is more prone to illnesses (for example asthma⁹ or sudden infant death syndrome¹⁰) and has a higher chance of death at birth or shortly after.⁸
- Psychological, physical, and social factors influence tobacco use.⁴
- Becoming smoke-free can extend your life, even if you are over 60 years of age.¹²
- As soon as you become smoke-free, your risk of heart disease and stroke begins to decrease. Within one year, your chance of dying from smoking-related heart disease is cut in half. Within 10 years, your risk of dying from lung cancer is cut in half. After 15 years your risk will be nearly that of a non-smoker.¹¹
- In 2005, 49% of smokers tried to become smoke-free. More than 50% of former smokers reported that they were able to become smoke-free after one or two serious attempts.¹ However, it can take some people many attempts to become smoke-free. The percentage of people who remain smoke-free after one year of quitting ranges from 5 to 18%.¹³
- As more adults become smoke-free, there will be more smoke-free role models for children.



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RECOMMENDATIONS

To prevent further deaths caused by tobacco use and second hand smoke, the Heart and Stroke Foundation of Canada recommends that:

Canadians:

1. Who are currently smoke-free - particularly children and youth - remain smoke-free, and those who currently smoke cigarettes become smoke-free as soon as possible.
2. Who are seeking more information about becoming or remaining smoke-free visit our Web site: www.heartandstroke.ca.
3. Should have access to information about the harms of tobacco use and second hand smoke, the benefits of becoming smoke-free, and aids to assist Canadians to become smoke-free.
4. Create and maintain smoke-free spaces to protect loved ones from the effects of second hand smoke. Make your car and home smoke-free and avoid public places that are not smoke-free.

Governments:

1. Use a combination of strategies to encourage Canadians to become and/or remain smoke-free. These strategies include:
 - a. Using tax policy and other pricing policies to encourage people to become or remain smoke-free.
 - b. Incorporating comprehensive smoking prevention education in schools.
 - c. Implementing culturally appropriate media campaigns targeted at those more likely to smoke, (e.g. youth, aboriginal peoples, ethnic minorities and low income people).
 - d. Banning smoking in all indoor public places, including all workplaces.
 - e. Improving access to programs and aids that help people become smoke-free (e.g., alternative nicotine delivery products and Zyban®), including clinically proven aids that are not currently available in Canada. These aids should be covered under public and private health care plans (where deemed appropriate by a doctor or health professional).
 - f. Implementing and adequately funding a national Quit Line, counselling, and support services for people trying to become smoke-free.

Research Funding Agencies/Organizations:

1. Increase funding for clinical, behavioural and public policy research to learn more about effective ways to help people become smoke-free.
2. Increase funding for research to understand the social and cultural factors that lead individuals, especially youth, to begin and continue smoking.

Primary Healthcare Providers:

Train health professionals in effective ways to help people become smoke-free.



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BACKGROUND INFORMATION

It is never too late to quit smoking. There are health-related and non-health related benefits to becoming smoke-free at any age - even for those who have developed smoking related illnesses such as heart disease and stroke. Becoming smoke-free will not only improve the length and quality of your life, but also the lives of those around you.

In the 1960s about half of Canadians over the age of 15 smoked cigarettes. Since the 1960s there has been a significant decline in the smoking rate in Canada. This decline is due to the simultaneous use of a variety of actions to help reduce and prevent tobacco use among Canadians. Some of these actions include public education, advertising bans, smoke-free spaces bylaws, taxation, and labeling of tobacco products.¹⁴

Treating tobacco use is similar to treating a chronic condition that requires ongoing support. Most people try to become smoke-free without help; it is these people that may have the greatest challenges in doing so. Research shows that the use of telephone Quit Lines, weekly counseling, support groups, supportive environments, and supportive friends and family members can improve your likelihood of becoming smoke-free.¹⁵ In addition, the use of aids such as nicotine replacement therapy and prescription pharmaceutical products such as Bupropion Hydrochloride (e.g. Zyban®, Wellbutrin®) can increase your chance of becoming smoke-free.¹⁵

Support for Becoming or Remaining Smoke-Free

Family, friends, employers, and health professionals can help establish environments that help you become or remain smoke-free. Research indicates that if you smoke you may benefit from specially designed self-help materials or brief individual and group counselling (through telephone Quit Lines and health professionals) to build insight about your smoking, self confidence to quit, and motivation to take action.¹⁵ If you are very addicted to nicotine and/or have a history of certain medical conditions (e.g., substance abuse) you may find specialized counselling to quit smoking particularly helpful. If you are depressed or have a history of depression, you may have difficulty becoming and remaining smoke-free. A health professional can recommend effective treatments that will increase your likelihood of becoming and remaining smoke-free. For information about appropriate and effective services in your area contact your provincial smokers' helpline listed in the telephone directory, your local public health department, talk to a health professional, or visit the Heart and Stroke Foundation's Web site at www.heartandstroke.ca.

Pharmaceutical Aids

There are currently two types of pharmaceutical therapies to help you become smoke-free; those that contain nicotine (Nicotine Replacement Therapy) and those that do not (pills containing Bupropion Hydrochloride):

Pharmaceutical Aids containing Nicotine

There are three types of nicotine replacement therapy currently available in Canada. Nicotine gum which is sold over the counter in 2 mg and 4 mg strengths, the Nicotine Patch, which is sold over the counter in 16 and 24-hour varieties, and a Nicotine Inhaler which is sold over the counter and is available in a 10mg cartridge. Research shows that other forms of nicotine replacement therapy available in countries other than Canada are also effective. You may need to use higher dosages of nicotine replacement therapy and you may need to use these aids for months or years instead of weeks. You should seek the advice of a health professional when considering using a combination of nicotine replacement therapies.

Pharmaceutical Aids that do not contain Nicotine

Bupropion Hydrochloride (e.g., Zyban®, Wellbutrin®) is a pharmaceutical therapy that does not contain nicotine and helps to prevent nicotine cravings. It is available by prescription only.

Consult your doctor or other health professional for more information about these therapies.



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The Heart and Stroke Foundation of Canada recognizes that the life-long heart health of Canadians is affected by both individual and social factors. Individual factors include genetic make-up, personal health choices and actions, and social support. Social factors include the social, economic and environmental conditions in which Canadians live, work, learn and play. The Foundation encourages Canadians to make heart-healthy choices and encourages governments and the private sector to develop policies and programs that support healthy communities and reduce inequalities that negatively affect health and well-being.

The information contained in this position statement is current as of: FEBRUARY 2007

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