

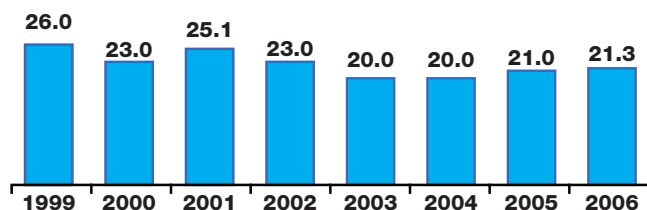
Smoking Cessation in Alberta

Alberta has made a substantial contribution to tobacco control in Canada. It has demonstrated leadership in a number of key areas. Alberta has enacted some of the strongest legislation in the country. Treatment for tobacco dependence is included in the mandate of the Alberta Alcohol and Drug Abuse Commission (AADAC). Services are therefore coordinated centrally and provide an “addictions treatment” focus in addition to a “healthy living” perspective. Province-wide cessation support is available seven days a week through AADAC’s toll-free “Smokers Help Line” and 24-hour support is available through the web-based service albertaquits.ca.

Alberta is also active in prevention. It offers school-based programs such as the BLAST program (Building Leadership for Action in Schools Today) delivered in partnership with The Lung Association, Alberta and NWT.

Overall, the rate of smoking has declined in Alberta by almost 5% over the past 7 years. However, more than half-a-million people in Alberta continue to smoke.

Smoking Rates in Alberta: Percent (%) of Population



Good news: Alberta’s smokers want to quit, but realize it’s hard

- Eighty-one per cent of Alberta’s smokers have tried to quit in the past, averaging six quit attempts in total, two in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Alberta’s smokers scored an average of 7.4.
- Seventy-seven percent of smokers are concerned about the impact smoking will have on their long-term health. When asked why they would quit, future health concerns topped the list (see Table 1).

- The vast majority of Alberta’s smokers (93%) believe that quitting—despite being difficult—is possible. The majority (86%) identified nicotine addiction as the reason they continue to smoke despite their desire to quit.
- Most (67%) smokers are aware of the national, provincial, and local organizations and support services that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	69%
Cost of cigarettes	50%
Pressure from family, friends, or work to quit	26%

Base: Alberta smokers (n=206)

The main barriers to quitting: Habit and physical addiction

- Smokers in Alberta believe that habit and physical addiction are among the top three barriers to quitting (see Table 2a). Physicians surveyed in the Prairies (Alberta, Saskatchewan, and Manitoba) also see habit and addiction as significant barriers (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	53%
Craving/physical addiction	40%
Enjoys smoking too much	28%

Base: Alberta smokers who have tried to quit in the past (n=166)

Table 2b

The Top Three Barriers to Quitting according to Prairie Physicians

Craving/physical addiction	91%
Partner/Spouse/Family/Friends still smoking	81%
Habit/part of daily routine	78%

Bases: Prairie physicians (n=32). CAUTION: Small base size.



Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 39% of Alberta’s smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only 16% discussed the topic with a health professional other than their family physician.
- Yet among those who did, 70% state that their doctor / allied health professional suggested ways to quit.
- Further, as many as 62% of the ex-smokers who consulted their family physician or other health professional about quitting say the advice they received actually helped them quit.

Physician’s role in cessation

- Both the Prairie physicians and the smokers surveyed in Alberta view the physician’s role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit (which is of interest to 86% of Alberta’s smokers), and scheduling on-going consultations for follow-up.
- Few Prairie physicians (9%) and relatively few other health care professionals surveyed in Alberta (20%) have had any formal training in smoking cessation counseling, and unlike most physicians in Ontario and even Quebec, only 16% of Prairie physicians note they are currently being reimbursed for it.

Smokers have tried myriad methods

- Alberta’s smokers have tried numerous methods in their effort to quit. “Cold turkey” is the most frequently used method (see Table 3).
- Seventeen per cent have tried a prescription therapy, and 43% paid full price for it as opposed to having it fully or partially covered through a private or provincial drug plan.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	76%
The nicotine patch	39%
Chewing nicotine gum or a lozenge	32%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	30%
A prescription therapy for smoking cessation	17%

Base: Alberta smokers who have tried to quit in the past (n=166)

Greater need for affordable medications

- Seventy-three per cent of Alberta’s smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Ninety-one per cent of the Prairie physicians surveyed agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, Alberta’s physicians, identified “access to affordable cessation medications” the most often (47%).

Recommendations

Improve and expand surveillance to include the rate of former smokers who remain smoke-free each year and of those continuing to smoke; the number of quit attempts; the length of relapse; and the length of time between relapses.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

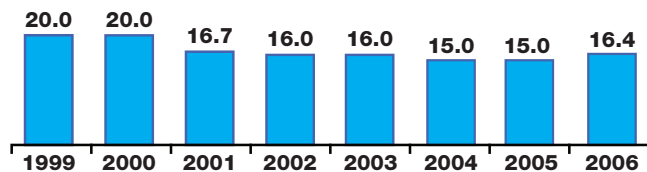
Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Smoking Cessation in British Columbia

British Columbia has some of the strongest tobacco control legislation in Canada and the lowest smoking rate (16.4%) of any other province or territory. A ban on smoking in public vehicles such as buses and trains, has been in place for a long time. Not only are indoor workplaces including work vehicles, 100% smoke-free, but business owners are encouraged to make the entire business property smoke-free. In addition, smoking within three meters of a building's air intake was restricted in March 2008 with some communities further strengthening this restriction to a six-meter distance. B.C.'s Ministry of Health has committed to smoking cessation as part of its overall tobacco control strategy by funding QuitNow – its toll-free telephone helpline services and web-based services provided in partnership with the British Columbia Lung Association. The province also serves special populations with specific programs targeted to cardiac patients, college students, workplaces and patients with mental health issues, women and in-patient programs in a hospital setting. In a few cases, nicotine replacement therapies are also provided free of charge to program registrants. Cessation services are provided by nurses, psychologists, pharmacists and specially trained smoking cessation facilitators.

Although smoking rates in B.C. remain lower than any other province or territory, the rate of decline has slowed in the past few years. In 2006, the rate was 16.4% compared to 15.0% in 2005. Currently more than 550,000 people continue to smoke.

Smoking Rates in British Columbia:
Percent (%) of Population



Good news: British Columbia's smokers want to quit, but realize it's hard

- Eighty-one per cent of British Columbia's smokers have tried to quit in the past, averaging six quit attempts in total, two in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, British Columbia's smokers scored an average of 7.2.
- Seventy-seven percent of smokers are concerned about the impact smoking will have on their long-term health. When asked why they would quit, future health concerns topped the list (see Table 1).

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	70%
Cost of cigarettes	49%
Pressure from family, friends, or work to quit	27%

Base: B.C. smokers (n=236)

- The vast majority of B.C. smokers (89%) believe that quitting—despite being difficult—is possible.
- Most (62%) smokers are aware of the national, provincial, and local organizations and support services that specialize in helping smokers quit.

The main barriers to quitting: Habit and physical addiction

- Smokers in B.C. believe that habit and physical addiction are the main barriers to quitting. Physicians surveyed in B.C. also see habit and addiction as significant barriers for their patients (see Table 2).

Table 2

The Top Two Barriers to Quitting

	Smokers	Physicians
Craving/ physical addiction	53%	83%
Habit/ part of daily routine	50%	70%

Bases: B.C. smokers who have tried to quit in the past (n=195)
B.C. physicians (n=23). CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 38% of B.C. smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only 17% discussed the topic with a health professional other than their family physician.
- Yet for those who did, 77% state that their doctor / other health care professional suggested ways to quit.
- Further, as many as 52% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

Physician's role in cessation

- Both the physicians and the smokers surveyed in B.C. view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, and scheduling on-going consultations for follow-up. Of the B.C. smokers surveyed, 84% believe that physicians should help patients make a plan to quit.
- Few physicians and few allied health professionals in B.C. (4% and 11% respectively) have had any formal training in smoking cessation counseling. Unlike physicians in Ontario and even Quebec, relatively few B.C. physicians (only 9%) note they are currently being reimbursed for cessation counseling.

Smokers have tried myriad methods

- B.C.'s smokers have tried numerous methods in their effort to quit. "Cold turkey" is the most frequently used method (see Table 3).
- Seventeen per cent have tried a prescription therapy, with more than half of these patients (55%) paying full price for it as opposed to paying through a private or provincial drug plan.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	71%
The nicotine patch	36%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	33%
Chewing nicotine gum or a lozenge	30%
A prescription therapy for smoking cessation	17%

Base: B.C. smokers who have tried to quit in the past (n=195)

Greater need for affordable medications

- Sixty-eight per cent of B.C.'s smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. All the physicians surveyed in B.C. agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, B.C. physicians identified "access to affordable cessation medications" the most often (39%).

Recommendations

Improve and expand surveillance to include rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and allied health professionals and more extensive intervention training where required or requested.

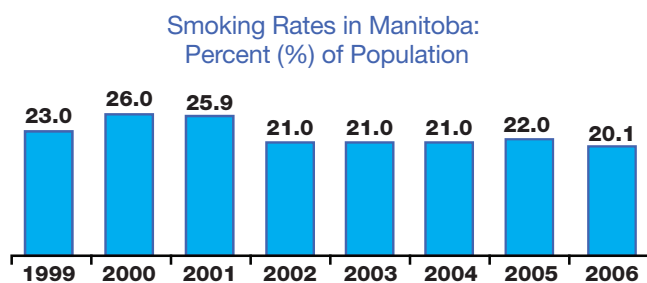
Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Smoking Cessation in Manitoba

Manitoba's tobacco control initiatives have played a significant role in helping reduce tobacco use in the province. Much of this success can be attributed to the ban on smoking in indoor public places and work places, including public transit and work vehicles, controls around the sale, display and advertising of tobacco to minors, and its cessation programs. For the past five years, the Smokers' Helpline has helped many Manitobans achieve their quit-smoking objectives. Programs targeting special populations are in place including school-based programs for youth and workplace programs, and hospital in-patient programs. However, these are available mainly in urban centers; the needs of smokers in more remote locations often go unmet. Furthermore, responsibility for the treatment of tobacco dependence needs to be integrated into the programming for treatment of other addictions available through the Addictions Foundation of Manitoba. By combining these treatments, more behavioural and cognitive therapies can be offered to smokers.

The rate of smoking has been declining in Manitoba since its 2000 peak of 26%. However, more than 185,000 people continue to smoke.



Good news: Manitoba's smokers want to quit, but realize it's hard

- Eighty-five per cent of Manitoba's smokers have tried to quit in the past, averaging five quit attempts in total, two in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Manitoba's smokers scored an average of 7.7.

- Seventy-seven per cent are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).
- The vast majority of Manitoba's smokers (93%) believe that quitting—despite being difficult—is possible.
- Most smokers (61%) are aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	69%
Cost of cigarettes	52%
Pressure from family, friends, or work to quit	27%

Base: Manitoba smokers (n=74)

The main barriers to quitting: Habit and physical addiction

- Smokers in Manitoba believe that habit and physical addiction are two of the main barriers to quitting (see Table 2a). Physicians surveyed in the Prairies (Alberta, Saskatchewan, and Manitoba) also see habit and addiction as significant barriers (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	46%
Craving/physical addiction	44%
Enjoys smoking too much	38%

Base: Manitoba smokers who have tried to quit in the past (n=62)

Table 2b

The Top Three Barriers to Quitting according to Prairie Physicians

Craving/physical addiction	91%
Partner/Spouse/Family/Friends still smoking	81%
Habit/part of daily routine	78%

Bases: Prairie physicians (n=32). CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Thirty-eight per cent of Manitoba smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only 11% discussed the topic with a health professional other than their family physician.
- Among those who did, only 37% - the lowest per centage of any province - say that their doctor / other health care professional suggested ways to quit
- Yet 90% of the ex-smokers, who consulted their family physician or other health care professional about quitting, say the advice they received actually helped them quit.

Physician's role in cessation

- Both the Prairie physicians and the smokers surveyed in Manitoba view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit, and scheduling on-going consultations in order to follow-up.
- Few Prairie physicians (9%) and very few of the other health care professionals surveyed in Manitoba (5%) have had any formal training in smoking cessation counseling. Unlike most physicians in Ontario and even Quebec, only sixteen per cent note they are currently being reimbursed for it.

Smokers have tried myriad methods

- Manitoba smokers have tried numerous methods in their effort to quit. "Cold turkey" is the most frequently used method (see Table 3).
- Fourteen per cent have tried a prescription. More than half of those who tried a prescription therapy (53%) paid full price for it as opposed to paying through a private or provincial drug plan.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	65%
The nicotine patch	35%
Chewing nicotine gum or a lozenge	34%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	32%
A prescription therapy for smoking cessation	14%

Base: Manitoba smokers who have tried to quit in the past (n=62)

Greater need for affordable medications

- Sixty-two per cent of Manitoba's smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Ninety-one per cent of the Prairie physicians surveyed agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, Prairie physicians identified "access to affordable cessation medications" the most often (47%).

PROVINCIAL HIGHLIGHTS

In Manitoba, only 37% of the smokers surveyed said that their family doctor or other health care professional suggested ways to try and help them quit when they last discussed cessation. Anywhere else in Canada, the percentage is nearly 60% or higher.

Recommendations

Ensure all health care professionals screen all patients for tobacco use and refer patients accordingly.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

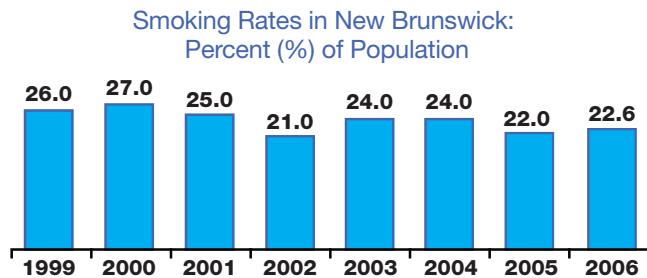
Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Improve and expand surveillance to include rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Smoking Cessation in New Brunswick

New Brunswick has enacted legislation to restrict smoking in public places, work places and school grounds as well as public vehicles and work vehicles. Various smoking cessation programs are available in health regions across the province. In New Brunswick, the approach to smoking cessation follows an addictions treatment model. Services are delivered by the province and provided to smokers at no cost. The services are client centered – quitters define their own success. Hospital-based, multi-week cessation programs are available to both in-patient and out-patient smokers. Both group and individual counseling are available in some locations. Support teams include a variety of disciplines, such as nurses, pharmacists, social workers and experienced addictions counselors. Nicotine replacement therapies are available to smokers registered in some programs.

The rate of smoking in New Brunswick has fluctuated over time, however current levels indicate an overall decline in the rate since 1999. Currently, about 140,000 people continue to smoke.



CAUTION: Survey results to be interpreted with caution due to small base sizes.

Good news: New Brunswick's smokers want to quit, but realize it's hard

- Seventy-one percent of New Brunswick's smokers have tried to quit in the past, averaging seven quit attempts in total, three in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, New Brunswick's smokers scored an average of 7.1.

- Seventy-seven per cent are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).
- The vast majority of smokers (93%) believe that quitting—despite being difficult—is possible. Most smokers (58%) are aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	64%
Cost of cigarettes	28%
Pressure from family, friends, or work to quit	20%

Base: New Brunswick smokers (n=62). CAUTION: Small base size.

The main barriers to quitting: Habit and physical addiction

- Smokers in New Brunswick believe that habit and physical addiction are two of the main barriers to quitting (see Table 2a). Physicians surveyed within the Atlantic Provinces also believe that habit and addiction are significant barriers (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	67%
Craving/physical addiction	52%
Enjoys smoking too much	33%

Base: New Brunswick smokers who have tried to quit in the past (n=47). CAUTION: Small base size.

Table 2b

The Top Three Barriers to Quitting according to Physicians in the Atlantic Provinces

Craving/physical addiction	93%
Partner/Spouse/Family/Friends still smoking	86%
Habit/part of daily routine	82%

Base: Physicians surveyed in the Atlantic Provinces (n=28). CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 40% of New Brunswick's smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only nine percent discussed the topic with another health care professional other than their family physician.
- Yet for 75% of those who did, their doctor / other health care professional suggested ways to quit.
- In fact, 75% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

Physician's role in cessation

- Both the physicians surveyed in the Atlantic Provinces, as well as the smokers surveyed in New Brunswick, view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit, and scheduling on-going consultations in order to follow-up.
- About a third of the physicians surveyed in the Atlantic Provinces (32%) indicate having had formal training in smoking cessation counseling. However four-in-ten (43%) are currently reimbursed for it. The percentage of other health care professionals who have received such training is much smaller (17%).

Smokers have tried myriad methods

- New Brunswick's smokers have tried numerous methods in their effort to quit. "Cold turkey" and the nicotine patch are the most frequently used methods (see Table 3).
- Twenty-three per cent have tried a prescription therapy. Statistically, New Brunswick's smokers are less likely to have tried chewing nicotine gum or a lozenge than smokers anywhere else in Canada, except Newfoundland and Quebec.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	53%
The nicotine patch	51%
A prescription therapy for smoking cessation	23%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	21%
Chewing nicotine gum or a lozenge	15%

Base: New Brunswick smokers who have tried to quit in the past (n=47)

Greater need for affordable medications

- Seventy per cent of New Brunswick's smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. All of the physicians surveyed agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, physicians in the Atlantic provinces identified "access to affordable cessation medications" the most often (32%).

PROVINCIAL HIGHLIGHTS

- Statistically, New Brunswick's smokers are less likely to have tried chewing nicotine gum or a lozenge than smokers anywhere else in Canada, except Newfoundland and Quebec.
- Physicians surveyed in New Brunswick are much more likely to believe that an increased availability of affordable prescription cessation medications would encourage smokers to quit, compared to physicians surveyed in Ontario or Quebec.

Recommendations

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/ or dispersed locations.

Improve and expand surveillance to include rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

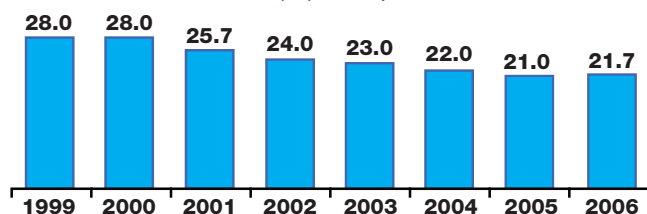
Smoking Cessation in Newfoundland and Labrador

Newfoundland and Labrador has a comprehensive strategy for tobacco control. Legislation is in place restricting the use of tobacco in public places, work places and school grounds. Newfoundland and Labrador offer various cessation programs including youth-oriented programs provided through school districts. A toll-free “Smokers’ Helpline” is operated by The Lung Association of Newfoundland and Labrador which acts as an entry point or hub for accessing all treatment options.

The Smokers’ Helpline CARE program (Community Action and Referral Effort) was the first fax referral program launched in Canada in February 2004. Since its inception, this award-winning program has gained international recognition. CARE has achieved significant referral rates, contributing 65% of the Helpline’s new clients. In 2007, 45% of family physicians in Newfoundland and Labrador referred to the Smokers’ Helpline on a regular basis. Success for the Helpline and its CARE program are made possible through collaboration and integration with various systems and strategies such as the Provincial Wellness Strategy, Tobacco Reduction Strategy, and Regional Health Authority’s policy and practice to identify tobacco users and refer them to the services of the Helpline. Its network of over 750 members provide leadership, expertise, and capacity building for Newfoundland and Labrador and excellent cessation services to its smoking population.

The rate of smoking declined steadily in Newfoundland and Labrador between 1999 and 2005 but rose again slightly in 2006. More than 90,000 people continue to smoke.

Smoking Rates in Newfoundland and Labrador:
Percent (%) of Population



CAUTION: Survey results to be interpreted with caution due to small base sizes.

Good news: Newfoundland and Labrador’s smokers want to quit, but realize it’s hard

- Eighty-seven percent of Newfoundland and Labrador’s smokers have tried to quit in the past, averaging six quit attempts in total, virtually all of them in the last year.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Newfoundland and Labrador’s smokers scored an average of 8.8—the highest rating of any province.
- Eighty-seven per cent are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).
- All Newfoundland and Labrador smokers (100%) believe that quitting — despite being difficult — is possible.
- Most smokers (82%) are aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	84%
Cost of cigarettes	50%
Present health concerns	37%

Base: Newfoundland and Labrador smokers (n=45).
CAUTION: Small base size.

The main barriers to quitting: Habit and physical addiction

- Smokers in Newfoundland and Labrador believe that habit and physical addiction are two of the main barriers to quitting (see Table 2a). Physicians surveyed within the Atlantic Provinces also see habit and addiction as significant barriers (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	66%
Craving/physical addiction	49%
Enjoys smoking too much	37%

Base: Newfoundland and Labrador smokers who have tried to quit in the past (n=40). CAUTION: Small base size.

Table 2b

The Top Three Barriers to Quitting according to Physicians in the Atlantic Provinces

Craving/physical addiction	93%
Partner/Spouse/Family/Friends still smoking	86%
Habit/part of daily routine	82%

Base: Physicians surveyed in the Atlantic Provinces (n=28).
CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Less than half of Newfoundland and Labrador’s smokers (43%) have spoken to their family physician / general practitioner about quitting in the last two years, and far fewer (9%) have discussed the topic with a health professional other than their family physician.
- Yet among those who did, more than half (59%) say that their doctor / other health care professional suggested ways to quit.

Physician’s role in cessation

- Both the physicians surveyed in the Atlantic Provinces, as well as the smokers surveyed in Newfoundland and Labrador, view the physician’s role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, and scheduling on-going consultations in order to follow-up. In addition, 92% of smokers look to their physician to help them make a plan to quit.
- About a third of the physicians surveyed in the Atlantic Provinces (32%) indicate having had formal training in smoking cessation counseling. However four-in-ten (43%) are currently reimbursed for it. The percentage of other health care professionals who have received such training is much smaller (17%).

Smokers have tried myriad methods

- Newfoundland and Labrador’s smokers have tried numerous methods in their effort to quit. ‘Cold turkey’ is the most frequently used method (see Table 3).
- Only six per cent have tried a prescription therapy.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only (‘cold turkey’)	84%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	28%
Chewing nicotine gum or a lozenge	24%
The nicotine patch	19%
A prescription therapy for smoking cessation	6%

Base: Newfoundland and Labrador smokers who have tried to quit in the past (n=47)

Greater need for affordable medications

- Seventy-four percent of Newfoundland and Labrador’s smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Virtually all of the physicians surveyed in the Atlantic Provinces agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, “access to affordable cessation medications” was identified by physicians most often (32%).

Recommendations

Smoking cessation treatment must be available along the full continuum of care from self-help to intensive counseling. The Helpline and its associated services are well developed. Further development of the more intensive counseling from specialized addictions counselors is required. Increased efforts to target specific populations that have higher smoking rates such as young adults, aboriginal groups and people with mental illness should be considered .

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/ or dispersed locations.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

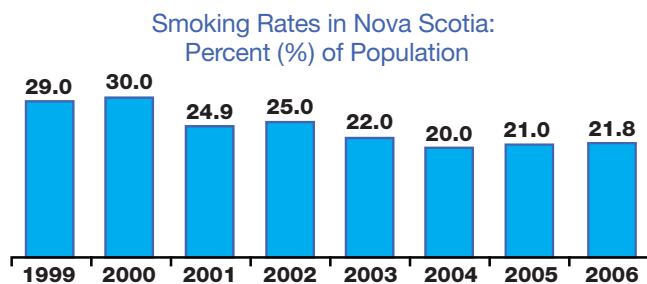
Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Improve and expand surveillance to include rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Smoking Cessation in Nova Scotia

Nova Scotia leads the country in implementing legislation to protect children travelling in cars with smokers. Strong legislation has also been enacted protecting public places, both indoor and outdoor workplaces and work vehicles from tobacco smoke. Cessation programming in the province follows an addictions treatment model. Multi-week individual and group counseling is available in limited areas. Several programs have been tailored to specific audiences, such as youth, or seniors. In some areas, programs targeting new and expectant mothers are under development. When a smoker is also dealing with other addictions, treatment for nicotine dependence is integrated into the overall addiction treatment. Cessation support teams vary, often including social workers and/or counselors with training in stages of change and motivational interviewing. Some programs identify Addictions Services guidelines as the primary guide, thus evaluations are performed accordingly. Limited supplies of cessation medication are provided at no cost to participants in some programs.

The rate of smoking has fluctuated over the past few years; overall rates have decreased more than 8% since 1999. Currently, more than 150,000 people continue to smoke.



CAUTION: Survey results to be interpreted with caution due to small base sizes.

Good news: Nova Scotia's smokers want to quit, but realize it's hard

- Eighty-four per cent of Nova Scotia's smokers have tried to quit in the past, averaging seven quit attempts in total, three in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Nova Scotia's smokers scored an average of 7.8.
- Seventy-eight per cent are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).
- The vast majority of Nova Scotia's smokers (96%) believe that quitting—despite being difficult—is possible. Many (69%) are aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	75%
Cost of cigarettes	52%
Pressure from family, friends, or work to quit	26%

Base: Nova Scotia smokers (n=73). CAUTION: Small base size.

The main barriers to quitting: Habit and physical addiction

- Smokers in Nova Scotia believe that habit and physical addiction are two of the main barriers to quitting (see Table 2a). Physicians surveyed within the Atlantic Provinces also see habit and addiction as significant (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	61%
Enjoys smoking too much	42%
Craving/physical addiction	40%

Base: Nova Scotia smokers who have tried to quit in the past (n=63). CAUTION: Small base size.

Table 2b

The Top Three Barriers to Quitting according to Physicians in the Atlantic Provinces

Craving/physical addiction	93%
Partner/Spouse/Family/Friends still smoking	86%
Habit/part of daily routine	82%

Base: Physicians surveyed in the Atlantic Provinces (n=28).

CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 42% of Nova Scotia smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only 13% discussed the topic with a health professional other than their family physician.
- Among those who did, 80% say that their doctor / other health care professional suggested ways to quit.
- In fact, 77% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

Physician's role in cessation

- Both the physicians surveyed in the Atlantic Provinces, as well as the smokers surveyed in Nova Scotia, view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit, and scheduling on-going consultations in order to follow-up.
- About a third of the physicians surveyed in the Atlantic Provinces (32%) indicate having had formal training in smoking cessation counseling. However, 43% are currently reimbursed for it. The percentage of other health care professionals who have received such training is much smaller (17%).

Smokers have tried myriad methods

- Nova Scotia smokers have tried numerous methods in their effort to quit. "Cold turkey" is the most frequently used method (see Table 3).
- Eighteen per cent have tried a prescription therapy.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	75%
The nicotine patch	36%
Chewing nicotine gum or a lozenge	34%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	30%
A prescription therapy for smoking cessation	18%

Base: Nova Scotia smokers who have tried to quit in the past (n=63)

Greater need for affordable medications

- Sixty-six per cent of Nova Scotia's smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Virtually all of the physicians surveyed in the Atlantic Provinces agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, Atlantic physicians identified "access to affordable cessation medications" the most often (32%).

Recommendations

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Improve and expand surveillance to include rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Smoking Cessation in Ontario

The Smoke-Free Ontario Strategy has played a leading role in helping reduce tobacco use in the province with the Smoke-Free Ontario Act, 2006, which includes a ban on tobacco displays effective May 31, 2008 and the introduction of legislation to ban smoking in cars where children are present. Ontario has some of the strongest tobacco legislation in the country.

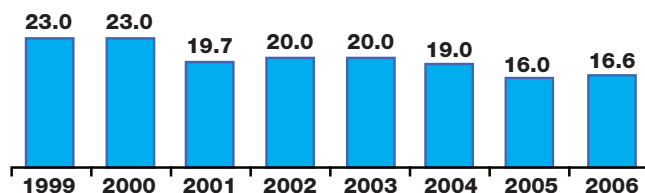
Cessation services are available from a number of sources. Responsibility for ensuring the provision of tobacco use cessation programs and services is included in standards for Ontario's public health units. Services are available from a number of health service providers, including the Smokers' Helpline; the STOP (Smoking Treatment for Ontario Patients) Study; the University of Ottawa Heart Institute's Hospital-Based Smoking Cessation Program (The Ottawa Model); the Leave The Pack Behind (LTPB) program which is based in post-secondary institutions; and the Registered Nurses' Association of Ontario program, Nursing Smoking Cessation Best Practice Guidelines.

Evidence-based training programs in Ontario for cessation intermediaries include, the TEACH (Training Enhancement in Applied Cessation Counseling and Health), and the Clinical Tobacco Intervention (CTI) program which provides training for physicians, pharmacists and dentists, and their staff.

The "Smoke-Free Ontario Strategy" includes an active tobacco control research network, the Ontario Tobacco Research Unit that provides technical expertise in research, monitoring and evaluation, teaching and training. Although there are numerous cessation supports in Ontario, this report found that urban areas benefit more from these cessation supports than rural and remote areas. Similarly, access to medications is not equal across the province.

Overall in Ontario the rate of smoking has declined by more than 6% over the past seven years. However, more than 1.5 million people continue to smoke.

Smoking Rates in Ontario:
Percent (%) of Population



Good news: Ontario smokers want to quit, but realize it's hard

- Eighty per cent of Ontario's smokers have tried to quit in the past, averaging six quit attempts in total, two in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Ontario's smokers scored an average of 7.2.
- Four out of five smokers are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).
- The vast majority of Ontario's smokers (91%) believe that quitting—despite being difficult—is possible.
- Most smokers (73%) are also aware of the national, provincial, and local organizations and support services that specialize in helping smokers quit.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	72%
Cost of cigarettes	40%
Present health concerns	25%

Base: Ontario smokers (n=732)

The main barriers to quitting: Habit and physical addiction

- Smokers in Ontario believe that habit and physical addiction are two of the main barriers to quitting. Ontario physicians surveyed also see habit and addiction as significant barriers for their patients (see Table 2).

Table 2

The Top Two Barriers to Quitting

	Smokers	Physicians
Habit/ part of daily routine	56%	90%
Craving/ physical addiction	47%	87%

Bases: Ontario smokers who have tried to quit in the past (n=597)
Ontario physicians (n=70) regarding their smoking patients

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 40% of Ontario's smokers have spoken to their family physician / general practitioner about quitting in the last two years, and only 16% discussed the topic with a health professional other than their family physician.
- Yet among those who did, 65% state that their doctor / other health care professional suggested ways to quit.
- Also, as many as 73% of the ex-smokers who consulted their family physician (or another health care professional) about quitting say the advice they received actually helped them quit.

Physician's role in cessation

- Both the physicians and the smokers surveyed in Ontario view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit, and scheduling on-going consultations for follow-up.
- Very few physicians or other health care professionals in Ontario (24% and 21% respectively) have had any formal training in smoking cessation counseling. Among most physicians (70%) note they are currently being reimbursed for it, a percentage significantly higher than any Western province.

Smokers have tried myriad methods

- Ontario's smokers have tried numerous methods in their effort to quit. "Cold turkey" is the most frequently used method (see Table 3).
- Thirteen per cent have tried a prescription therapy, and nearly half (44%) paid full price for it, as opposed to having it fully or partially covered through a private or provincial drug plan.
- Statistically, Ontario smokers are significantly more likely to have tried to quit "cold turkey" than Quebec smokers.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	69%
The nicotine patch	37%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	31%
Chewing nicotine gum or a lozenge	29%
A prescription therapy for smoking cessation	13%

Base: Ontario smokers who have tried to quit in the past (n=597)

Greater need for affordable medications

- Sixty-four per cent of Ontario smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Eighty-seven per cent of the physicians surveyed agree.
- As a result, both physicians and smokers in Ontario believe that affordable cessation medications are needed in order to get people to quit. When asked what could be done to lower the national prevalence to 12% by 2011, Ontario physicians identified "access to affordable cessation medications" the most often (27%).

PROVINCIAL HIGHLIGHTS

- Ontario smokers are significantly more likely to have tried to quit "cold turkey" than Quebec smokers.
- Seventy-one per cent of Ontario physicians are currently reimbursed for cessation counseling, a percentage significantly higher than any Western province.

Recommendations

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

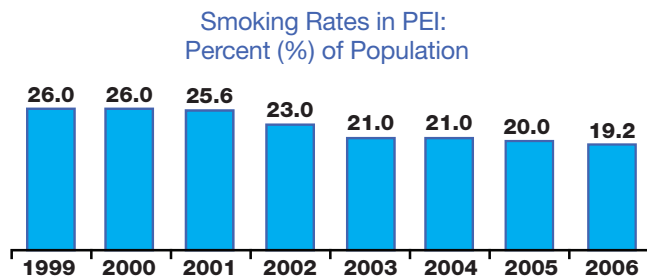
Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Improve and expand surveillance to include the rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Smoking Cessation in Prince Edward Island

Prince Edward Island has implemented a variety of legislative measures to advance tobacco control issues. It currently has legislation regarding smoke-free public places, school grounds, work places and public vehicles. It also has legislation that restricts the sale of tobacco to minors as well as where tobacco can be sold. Smoking cessation services exist within the Addictions Services structure and are provided in five centres across the province. Registered nurses and trained addictions counselors provide programs including one-on-one counseling. Weekly individual counseling sessions run over a five-week period. For patients enrolled in these free “Quit Care” programs, medications may also be available at no cost to the patient. Although limits are established, this applies to both nicotine replacement therapies and prescription medication.

The rate of smoking continues to decline in PEI. However, more than 20,000 people still smoke.



CAUTION: Survey results to be interpreted with caution due to small base sizes.

Good news: PEI’s smokers want to quit, but realize it’s hard

- Eighty-two per cent of PEI’s smokers have tried to quit in the past, averaging five quit attempts in total, two in the last year alone.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, PEI’s smokers scored an average of 7.4.

- Eighty-two per cent are concerned about the impact their smoking will have on their long-term health. When asked why they would quit, future health concerns topped the list (see Table 1).
- The vast majority of PEI’s smokers (97%) believe that quitting—despite being difficult—is possible.

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	74%
Cost of cigarettes	53%
Doctor’s advice	37%

Base: PEI smokers (n=45). CAUTION: Small base size.

The main barriers to quitting: Habit and physical addiction

- Smokers in PEI believe that habit and physical addiction are the two main barriers to quitting (see Table 2a). Physicians surveyed in the Atlantic Provinces also see habit and addiction as significant barriers (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	69%
Craving/physical addiction	59%
Enjoys smoking too much	43%

Base: PEI smokers who have tried to quit in the past (n=36).

CAUTION: Small base size.

Table 2b

The Top Three Barriers to Quitting according to Physicians in the Atlantic Provinces

Craving/physical addiction	93%
Partner/Spouse/Family/Friends still smoking	86%
Habit/part of daily routine	82%

Base: Physicians surveyed in the Atlantic Provinces (n=28).

CAUTION: Small base size.



Despite clear benefits, many smokers do not speak to their doctor about quitting

- Only 37% of PEI smokers have spoken to their family physician / general practitioner about quitting in the last two years, and less (28%) discussed the topic with a health professional other than their family physician.
- Yet, among smokers who did consult a health care professional about quitting, 73% state that their physicians / other health care professional suggested ways to quit.
- Further, 89% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

Physician’s role in cessation

- Both the physicians surveyed in the Atlantic Provinces, and the smokers surveyed in PEI, view the physician’s role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, and scheduling on-going consultations in order to follow-up. In addition 94% of PEI smokers - a percentage significantly higher than Ontario or Quebec – felt the role of the family physician included helping patients make a plan to quit.
- Unfortunately, only about one third of the physicians surveyed in the Atlantic Provinces (32%) indicate having had formal training in smoking cessation counseling. Yet four-in-ten (43%) are currently reimbursed for it. The percentage of other health care professionals who have received such training is much smaller (17%).

Smokers have tried myriad methods

- PEI’s smokers have tried numerous methods in their effort to quit (see Table 3) with the “cold turkey” method tried only slightly more frequently than the nicotine patch.
- Less than one-in-ten have tried a prescription medication.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	56%
The nicotine patch	51%
Chewing nicotine gum or a lozenge	37%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	36%
A prescription therapy for smoking cessation	9%

Base: PEI smokers who have tried to quit in the past (n=36)

Greater need for affordable medications

- Seventy-two per cent of PEI’s smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit.
- Virtually all of the physicians surveyed in the Atlantic Provinces agree.

PROVINCIAL HIGHLIGHTS

- Smokers in PEI are significantly more likely than smokers in Ontario or Quebec to believe that a cessation plan increases the chances a smoker will quit.

Recommendations

The ‘quit smoking journey’ is often a long one marked with relapse and renewed attempts at quitting for good. More help is required to assist PEI smokers stay smoke-free for life.

Improve and expand surveillance to include the rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

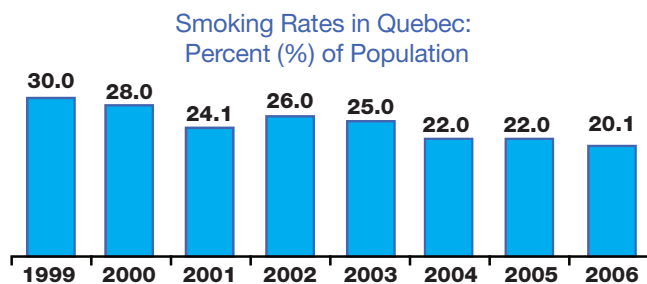
Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Smoking Cessation in Quebec

Quebec has made great strides in tobacco control achieving a larger reduction in the rates of smoking than any other province. From the highest rate of smoking in the country in 1999 Quebec has progressed to the fourth-lowest provincial rate in 2006. Strong legislation and smoking cessation supports have paved the way for this success. In addition to its province-wide toll-free helpline “Ligne j’arrete”, many smoking cessation programs are offered through the Ministry of Health and Social Services and the Health Regions. These programs are targeted to specific populations and delivered in a variety of venues. For example, programs such as those for mothers with babies can be provided in the home; youth programs can be delivered in schools; and workplace programs are provided in the work environment. Specialized community programs are also available for pregnant women. Smoking cessation medications are more universally available to smokers in Quebec than in any other province.



The decline in the rate of smoking in Quebec has been consistent – more consistent than almost every other province. However, approximately 1.25 million people continue to smoke.

Six-in-ten Quebec smokers want to quit.

- Seventy-five percent of Quebec smokers have tried to quit in the past, averaging five quit attempts in total, four of them in the last year. However it appears that current smokers in Quebec are not as intent on being smoke-free.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Quebec smokers scored an average of 6.6. This is the lowest average of any province and lower than the national average of 7.2.

- Six-in-ten are concerned about the impact their smoking will have on their long-term health—the lowest percentage of any province.
- When asked why they would quit, future health concerns topped the list (see Table 1).

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	59%
Cost of cigarettes	30%
Present health concerns	25%

Base: Quebec smokers (n=446)

- Further, the vast majority of Quebec’s smokers (87%) believe that quitting — despite being difficult — is possible.
- Most (78%) are also aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit and staying that way.

The main barriers to quitting: Habit and physical addiction

- Smokers in Quebec believe that habit and physical addiction are two of the main barriers to quitting. Physicians surveyed in Quebec also identified habit and addiction as the two main barriers (see Table 2).

Table 2

The Top Two Barriers to Quitting

	Smokers	Physicians
Habit/ part of daily routine	60%	83%
Craving/ physical addiction	42%	81%

Bases: Quebec smokers who have tried to quit in the past (n=344)
Quebec physicians (n=47) regarding their smoking patients.
CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Less than half of Quebec's smokers (45%) have spoken to their family physician / general practitioner about quitting in the last two years, and only 13% discussed the topic with a health professional other than their family physician.
- Yet among those who did, 80% state that their doctor / other health care professional suggested ways to quit.
- In fact 82% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

Physician's role in cessation

- Both the physicians and the smokers surveyed in Quebec view the physician's role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, helping patients make a plan to quit, and scheduling on-going consultations in order to follow-up.
- Very few physicians or other health care professionals in Quebec (11% and 9% respectively) indicated they had received formal training in smoking cessation counseling.
- However, most physicians (86%) note they are currently being reimbursed for it. This is a significantly higher percentage than indicated by physicians in any Western Province.

Smokers have tried myriad methods

- Quebec smokers have tried numerous methods in their effort to quit (see Table 3). One-in-ten have tried a prescription therapy. Only a quarter of these smokers had to pay full price for it as opposed to having it fully or partially covered through a private or even provincial drug plan.
- Quebec's smokers are more likely to have tried to quit using a nicotine patch when compared to Ontario's smokers, and less likely to have tried chewing nicotine gum or a lozenge than smokers anywhere else in Canada except Newfoundland and New Brunswick.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only ('cold turkey')	57%
The nicotine patch	46%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	21%
Chewing nicotine gum or a lozenge	18%
A prescription therapy for smoking cessation	10%

Base: Quebec smokers who have tried to quit in the past (n=344)

PROVINCIAL HIGHLIGHTS

- Quebec smokers appear to feel less strongly about quitting and are less concerned about the impact of tobacco use on their health than in other parts of the country.
- Eighty-six percent of Quebec's physicians are currently reimbursed for cessation counseling, a percentage significantly higher than any western province.
- Quebec's smokers are more likely to indicate that they do not currently have a family doctor or general practitioner than smokers anywhere else in Canada.
- Demographically, Quebec's smokers are more likely to have tried to quit using a nicotine patch, when compared to Ontario's smokers, and less likely to have tried chewing nicotine gum or a lozenge than smokers anywhere else in Canada except for Newfoundland and New Brunswick.

Recommendations

Improve and expand surveillance to include the rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

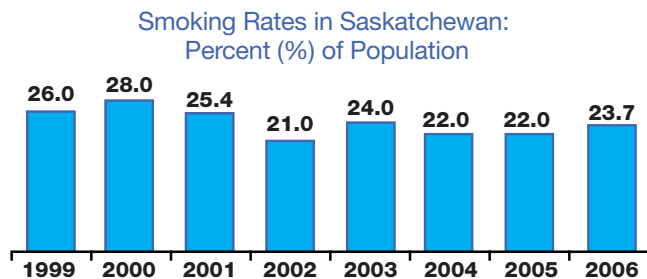
Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians as well as other health care professionals and more extensive intervention training where required or requested.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.

Smoking Cessation in Saskatchewan

Saskatchewan has strong province-wide tobacco control legislation in place plus additional tobacco use restrictions in various communities. A comprehensive tobacco control strategy has not been established province-wide, however, attempts have been made to ensure smoking cessation services are available. Saskatchewan's "TeleHealth Service" provided through videoconferencing is one example of its cessation services. This innovative approach bridges the distance between urban centres and those living in rural and more remote communities. Saskatchewan also provides smoking cessation counseling through pharmacists. Also a newer approach, this involves special training - Partnership for Assisting in the Cessation of Tobacco Use (PACT) -- for pharmacists in Saskatchewan. Once pharmacists have completed the training they can provide individual counseling to clients on a fee for service basis.



Smoking rates in Saskatchewan have fluctuated over the past seven years. Today, approximately 185,500 people continue to smoke.

Good news: Saskatchewan's smokers want to quit, but realize it's hard

- Eighty-six percent of Saskatchewan's smokers have tried to quit in the past, averaging five quit attempts in total, one within the last year.
- When asked to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not want to be smoke-free, Saskatchewan's smokers scored an average of 7.9.

- And they have good reason to want to quit: nearly eight-in-ten (77%) are concerned about the impact their smoking will have on their long-term health, and when asked why they would quit, future health concerns topped the list (see Table 1).

Table 1

The Top Three Reasons for Attempting to Quit Smoking

Future health concerns	73%
Cost of cigarettes	47%
Present health concerns	28%

Base: Saskatchewan smokers (n=83)

- Virtually all of Saskatchewan's smokers (98%) believe that quitting - despite being difficult - is possible.
- Most (79%) are also aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit.

The main barriers to quitting: Habit and physical addiction

- Smokers in Saskatchewan believe that habit and physical addiction are two of the main barriers to quitting (see Table 2a). Physicians surveyed in the Prairies (i.e. in Alberta, Saskatchewan, and Manitoba) also see habit and addiction as significant barriers. (see Table 2b).

Table 2a

The Top Three Barriers to Quitting among Smokers

Habit/part of daily routine	58%
Craving/physical addiction	49%
Partner / Spouse / Family / Friends still smoking	24%

Base: Saskatchewan smokers who have tried to quit in the past (n=72)

Table 2b

The Top Three Barriers to Quitting according to Physicians in the Prairie Provinces

Craving/physical addiction	91%
Partner/Spouse/Family/Friends still smoking	81%
Habit/part of daily routine	78%

Bases: Prairie physicians (n=32). CAUTION: Small base size.

Despite clear benefits, many smokers do not speak to their doctor about quitting

- Less than half of Saskatchewan’s smokers (42%) have spoken to their family physician / general practitioner about quitting in the last two years, and only 17% discussed the topic with another health care professional other than their family physician.
- Yet among those who did, 86% state that their doctor / other health care professional suggested ways to quit. Further, as many as 77% of the ex-smokers who consulted their family physician or other health care professional about quitting say the advice they received actually helped them quit.

A physician’s role in cessation is multi-faceted

- Both the Prairie physicians and the smokers surveyed in Saskatchewan view the physician’s role in cessation as multi-faceted, from simply initiating the conversation and suggesting ways to quit, to prescribing cessation medications, providing cessation counseling, and scheduling on-going consultations in order to follow-up.
- One of the roles a high percentage (92%) of Saskatchewan smokers – a significantly higher percentage than Ontario or Quebec – see for physicians is helping them make a plan for quitting.
- Few Prairie physicians (9%) and few of the other health care professionals surveyed in Saskatchewan (12%) have had any formal training in smoking cessation counseling.
- Unlike most physicians in Ontario and even Quebec, less than two-in-ten Prairie physicians (16%) note they are currently being reimbursed for it.

Smokers have tried myriad methods

- Saskatchewan’s smokers have tried numerous methods in their effort to quit. “Cold turkey” is the most frequently used method (see Table 3).
- Nearly a quarter have tried a prescription therapy. Of those, nearly three-quarters (73%) paid full price for it as opposed to paying through a private or provincial drug plan.

Table 3

Top Five Methods Tried

Abrupt cessation by means of willpower only (‘cold turkey’)	76%
Chewing nicotine gum or a lozenge	33%
The nicotine patch	29%
A reduction in number of cigarettes smoked by means of willpower only until complete cessation	26%
A prescription therapy for smoking cessation	24%

Base: Saskatchewan smokers who have tried to quit in the past (n=72)

Greater need for affordable medications

- Eighty-three percent of Saskatchewan’s smokers believe that an increase in the availability of affordable cessation medications would help motivate them to quit. Ninety-one percent of the Prairie physicians surveyed agree.
- When asked what could be done to lower the national prevalence to 12% by 2011, Prairie physicians mentioned “access to affordable cessation medications” the most often (47%).

PROVINCIAL HIGHLIGHTS

- Saskatchewan’s smokers are significantly more likely to believe that constructing a cessation plan increases the chances a smoker will quit, compared to Ontario’s or even Quebec’s smokers.
- The province’s smokers are also more likely to identify nicotine addiction as the reason why so many people keep smoking even when they want to quit, when compared to the people living in other western provinces, Ontario, and even Quebec.
- Unlike most physicians in Ontario and even Quebec, none of the physicians surveyed in Saskatchewan say they are currently being reimbursed for smoking cessation counseling.

Recommendations

Improve and expand surveillance to include the rate of former smokers who remain smoke-free each year, and for those continuing to smoke, the number of quit attempts, the length of relapse and the length of time between relapses.

Expand access to programs and trained counselors. Ensure trained smoking cessation counselors are available to all those who want to quit. Provide support and encouragement to quitters over the long-term.

Disseminate training to all health professionals by including standard screening and intervention strategies in the curriculum for all physicians and other health care professionals and more extensive intervention training where required or requested.

Improve access to medications by including all medications on provincial formulary and drug coverage plans.

Provide more culturally relevant cessation support for Aboriginal Peoples that recognizes the realities of the First Nations, Métis and Inuit cultures, traditions, and language as well as their remote and/or dispersed locations.