



Position Statement

BECOMING OR REMAINING TOBACCO-FREE

FACTS

- In 2002, 37,209 Canadians died as a result of tobacco use and second hand smoke. Cancers accounted for 17,679 deaths, heart disease and stroke for 10,853 deaths, and respiratory diseases for 8,282 deaths.¹
- In 2010, 17% of Canadians smoked cigarettes. For youth aged 15-19, the 2010 smoking rate was 12%, a new low for this group. Similarly, smoking rates among young adult Canadians aged 20-24 reached a new low in 2010 (22%), though this group continues to have the highest rate of smoking among all age groups.²
- Smoking is a risk factor for heart disease, stroke, cancer, and respiratory disease.³
- Nicotine is a highly addictive drug that increases your blood pressure, makes your heart work harder and can result in blood clots.⁴ The use of nicotine therapies (e.g., patch, gum, inhaler, lozenge) as an aid to quitting smoking is much less harmful than smoking a cigarette.^{5,6}
- Cigarette smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and more than 70 cause, initiate or promote cancer.^{3,7} Although the amount in each cigarette is small, the amount stored in the body increases with each puff of the cigarette.³
- There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful.⁷
- Smoking during pregnancy not only affects the health of a mother, but also her unborn and newborn baby.⁸ 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.⁹ Your baby is more prone to illnesses (for example asthma¹⁰ or sudden infant death syndrome¹¹) and has a higher chance of death at birth or shortly after.⁹
- Smokeless tobacco, also called spit tobacco, is a mixture of tobacco, nicotine, sweeteners, abrasives, salts and chemicals. It is sold in two basic forms, chew or plug tobacco and snuff.¹²
- Smokeless tobacco has over 3,000 chemicals including 28 known carcinogens. It is not a safe substitute for cigarettes and increases the risk of having a fatal heart attack, fatal stroke and certain cancers.¹³
- Psychological, physical, and social factors influence tobacco use.⁴
- Becoming tobacco-free at any age and at any time is beneficial and can extend your life. Becoming tobacco-free gives your body a chance to heal the damage caused by tobacco use.¹⁴
- 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.¹⁵
- 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.² 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%.¹⁶
- As more adults become tobacco-free, there will be more tobacco-free role models for children.
- Adolescents' bodies are more sensitive to nicotine and adolescents are more easily addicted than adults.⁷
- As a result of legislation, smoking is prohibited in virtually all indoor public places and workplaces across Canada.



BECOMING OR REMAINING TOBACCO-FREE

RECOMMENDATIONS

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

Canadians:

1. Who are currently tobacco-free - particularly children and youth - remain tobacco-free, and those who currently smoke cigarettes become tobacco-free as soon as possible.
2. Who are seeking more information about becoming or remaining tobacco-free visit the HSF website: heartandstroke.ca.
3. Should have access to information about the harms of tobacco use and secondhand smoke, the benefits of becoming tobacco- and smoke-free, and aids to assist them to become tobacco-free.
4. Create and maintain smoke-free spaces to protect loved ones from the effects of secondhand smoke. Make your car and home smoke-free and avoid public places that are not smoke-free.
5. Do not use smokeless tobacco products – these are not a safe alternative to cigarettes.
6. Learn about the marketing strategies and tactics of the tobacco industry that target young Canadians and new smokers by making smoking seem natural or normal.

Governments:

Use a combination of strategies to encourage Canadians to become and/or remain tobacco-free. These strategies include:

- a. Using tax policy and other pricing policies to encourage people to become or remain tobacco-free.
- b. Incorporating comprehensive smoking prevention education in schools.
- c. Implementing culturally appropriate media campaigns targeted at those more likely to use tobacco, (e.g., youth, Aboriginal peoples, ethnic minorities and low income people).
- d. Banning smoking in outdoor public spaces including patios, playgrounds, doorways, beaches, parks, outdoor sports facilities, and recreation facilities.
- e. Improving access to programs and aids that help people become tobacco-free (e.g., alternative nicotine delivery products and other pharmaceutical products). These aids should be covered under public and private health care plans.
- f. Implementing plain and standardized tobacco packaging.
- g. Prohibiting smoking or carrying lighted tobacco in a motor vehicle while a person who is under the age of 19 is present in the vehicle.

- h. Implementing measures to curb contraband tobacco.
- i. Reducing tobacco marketing aimed at youth by restricting smoking in the movies (with the exception of depictions of historical figures and unambiguous descriptions of the dire health consequences of tobacco use), by:
 - Ensuring that movie ratings make tobacco imagery a criteria for 18A (adult) classification;
 - Making youth-related films with tobacco-related imagery ineligible for provincial film subsidies.
- j. Promoting and actively supporting effective measures to protect Canadians from secondhand smoke in multi-unit dwellings.
- k. Implementing a public education campaign to inform Canadians of the strategies and tactics used by the tobacco industry.
- l. Strengthening current regulations on flavoured tobacco products to ensure the majority of tobacco products (e.g., cigarettes, cigarillos, little cigars, bidis, kreteks, blunt wraps, waterpipe and smokeless) are flavor-free (including menthol).

Research Funding Agencies/Organizations:

1. Increase funding for clinical, behavioural and public policy research to learn more about effective ways to help people, particularly vulnerable smokers, 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 Canadians become tobacco-free, including:

- a. Implementing and adhering to the Canadian Cardiovascular Society's smoking cessation strategy recommendations for Cardiovascular Specialists.¹⁷
- b. Becoming familiar with the principles and practice of smoking cessation, including assessment, counseling, pharmacotherapy, ongoing support, and relapse prevention strategies.
- c. Providing individualized treatment strategies for patients who smoke.
- d. Identifying, monitoring and following up on treatment for patients who use tobacco.



**HEART &
STROKE
FOUNDATION
OF CANADA**

BECOMING OR REMAINING TOBACCO-FREE

BACKGROUND INFORMATION

A comprehensive approach to tobacco control includes the following components:

1. Prevention programs – preventing Canadians, particularly youth and young Canadians, from starting to use tobacco products.
2. Cessation programs – helping tobacco users reduce and quit their use of tobacco products.
3. Protection programs – protecting all Canadians from the harmful effects of secondhand smoke.
4. Denormalization – educating Canadians about the marketing strategies and tactics of the tobacco industry and the effects the industry's products have on health.

A comprehensive approach requires the use of a variety of strategies including health education and public information, legislation, price policy and taxation.

Preventing Canadians, particularly young Canadians, from taking up smoking is a key component of tobacco control. Becoming aware of the tactics of the tobacco industry, developing peer education and awareness programs, and educating youth about tobacco industry marketing are important elements of tobacco prevention. Plain and standardized packaging is an important means of further diminishing the marketing efforts of the tobacco industry.

Helping tobacco users reduce and quit their use of tobacco products is another key component of tobacco control. It is never too late to quit smoking. There are health-related and non-health related benefits to becoming tobacco-free at any age – even for those who have developed smoking related illnesses such as heart disease and stroke. Becoming tobacco-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 a result of the simultaneous use of a variety of actions to help reduce and prevent tobacco use among Canadians. Some of these actions include public education, marketing and advertising bans, smoke-free spaces legislation and bylaws, taxation, and labeling of tobacco products.¹⁸

Tobacco is an addiction. Treating tobacco use is similar to treating a chronic condition that requires ongoing support. Most people try to become tobacco-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 tobacco-free.¹⁹ In addition, the use of aids such as nicotine replacement therapy and prescription

pharmaceutical products such as bupropion hydrochloride (e.g. Zyban®, Wellbutrin®) and varenicline tartrate (i.e., Champix®) can increase your chance of becoming smoke-free.¹⁹

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.¹⁹ 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 website at 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 (i.e., pills containing bupropion hydrochloride or varenicline tartrate):

Pharmaceutical Aids containing Nicotine

There are four types of nicotine replacement therapy currently available in Canada. These include 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, a nicotine inhaler which is sold over the counter and is available in a 10 mg cartridge and nicotine lozenges which are available over the counter in 2mg and 4mg strengths. 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®) and varenicline tartrate (i.e., Champix®) are pharmaceutical therapies that do not contain nicotine and help to prevent nicotine cravings. These are available by prescription only.

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



**HEART &
STROKE
FOUNDATION
OF CANADA**

BECOMING OR REMAINING TOBACCO-FREE

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: SEPTEMBER 2011

REFERENCES

1. Rehm J, Baliunas D, Brochu S, Fischer B, Gnam W, Patra J, Popova S, Samocinska-Hart A, Taylor B. The Costs of Substance Abuse in Canada 2002. March 2006.
2. Canadian Tobacco Use Monitoring Survey 2010, Health Canada. Available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc_2010_e.html. (Date of access: September, 2011).
3. Health Canada. The Facts About Tobacco. Available at: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/#toxic> (Date of access: November 24, 2004).
4. US Department of Health and Human Services. The health consequences of smoking: nicotine addiction. A Report of the Surgeon General, 1988. Rockville Maryland: Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1988. (DHHS Publication No (CDC) 88-8406).
5. Benowitz NL (editor). Nicotine Safety and Toxicity. Oxford University Press, 1998.
6. Novotny T, Cohen JC, Yureklic A, Sweanor D, de Beyer J. Smoking cessation and nicotine replacement therapies. World Bank Position Paper. Available at: <http://www1.worldbank.org/tobacco/tcdc.asp> and <http://www1.worldbank.org/tobacco/tcdc/287TO308.PDF> (Date of access: November 22, 2004).
7. US Department of Health and Human Services. A Report of the Surgeon General, 2010.
8. Health Canada. The Facts About Tobacco. Available at: http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/pre_postnatal.html (Date of access: November 24, 2004).
9. US Department of Health and Human Services. Reducing the Health Consequences of Smoking: 25 years of progress. A Report of the Surgeon General, Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1989.
10. U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
11. California Environmental Protection Agency. Health Effects of Exposure to Environmental Tobacco Smoke. Final Report. Sacramento: California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, 1997.
12. Health Canada. Smokeless Tobacco. hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/smokeless-sansfume-eng.php
13. Piano MR, Benowitz NL, FitzGerald GA, Corbridge S, Heath J, Hahn E, et al. Impact of smokeless tobacco products on cardiovascular disease. Implications for policy, prevention and treatment. *Circulation* 2010;122:1520-44.
14. Health Canada. The Benefits of Quitting. Available at: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/quit/road/benefits.html>
15. Taylor DH, Hasselblad V, Henley SJ, Thun MJ, Sloan FA. Benefits of smoking cessation for longevity. *American Journal of Public Health* 2002;92(6):990-996.
16. Reid R, Coyle D, Papadakis S, Boucher K. Nicotine Replacement Therapies in Smoking Cessation: A Review of Evidence and Policy Issues. Canadian Council for Tobacco Control. Available at: <http://www.hc-sc.gc.ca/hecs-sesc/tobacco/pdf/report.pdf> (Date of access: September 30, 2004).
17. Pipe AL, Eisenberg MJ, Gupta A, Reid RD, Suskin NG, Stone JA. Smoking cessation and the cardiovascular specialist: A Canadian Cardiovascular Society position paper. *Can J Cardiol* 2001;27(2):132-7.
18. Health Canada. Tobacco Control: A Blueprint to Protect the Health of Canadians. Ottawa: 1995.
19. Fiore MC, Bailey WC, Cohen SJ, et al. Clinical Practice Guideline: Treating Tobacco Use and Dependence. Rockville, MD: Public Health Services, US Department of Health and Human Services. June 2000. Available at: http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf (Date of access: November 24, 2004).



**HEART &
STROKE
FOUNDATION
OF CANADA**