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For Immediate Release

The Lung Association Calls for Improved Support to Help Smokers Butt Out for Good

Improved access to smoking cessation supports and services is key to helping smokers quit and will assist in lowering national smoking rate to new federal target of 12% by 2011

Ottawa – Based on the results of its new report entitled *Making Quit Happen: Canada's Challenges to Smoking Cessation*, The Lung Association is calling for universally accessible smoking cessation supports for all smokers living in Canada. "Excellent work has been done in Canada to identify smoking cessation approaches that work to help smokers quit; however, these approaches aren't equally available to all smokers," said Dr. Anthony D'Urzo, family physician and director of the Primary Lung Care Clinic in Toronto. "Access to support programs, regardless of whether a person is living in a rural, urban or remote area, should be available to everyone who wants to quit, as well as affordable medications, regardless of a smoker's province or territory of residence."

The report reveals that more than 90 per cent of the estimated five million current smokers in Canada want to quit and over half (52 per cent) would like to be smoke-free within the next six months. For the 79 per cent of smokers who have tried to quit, an average of six quit attempts were reported. "Nicotine addiction is complex," says Dr. D'Urzo. "What works for one smoker will not necessarily work for another."

The report also reveals that most family physicians and allied health professionals feel they have a role to play in their patients' smoking cessation. In contrast, however, less than 20 per cent of family physicians (18 per cent) and allied health professionals (16 per cent) are trained in smoking cessation counselling. In addition, while 92 per cent of physicians reported speaking to their patients about the need to stop smoking, only 46 per cent of patients agree that the topic has been raised by their family doctor. This disconnect is even more pronounced in remote and rural areas where people do not have full access to cessation supports - online, telephone helpline, group and individual counseling.

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“Physicians and other health care providers want to help their patients butt out, so providing the right tools and training for intervention is key to helping in the smoker’s journey to stay quit,” said Dr. D’Urzo.

REPORT KEY FINDINGS

- The vast majority of smokers want to quit, but many realize that there are barriers to staying quit.
 - Only one-third of ex-smokers were successful on their first quit attempt.
- Access to smoking cessation programs and support systems is not universal for people living in Canada.
 - Tobacco dependence is a chronic, relapsing medical condition that requires a planned, individualized treatment approach.
- Access to different medication options is disparate and depends on the smoker’s province of residence.
 - Smoking cessation medications are excluded from the majority of public and private health plans in Canada.

SMOKING IN CANADA...AT WHAT COST?

Smoking is linked to virtually all the major causes of death and disease in Canada. Approximately 37,000 Canadians are expected to die this year from tobacco related causes,¹ including over 1,000 from second hand smoke.

In health care, tobacco use costs Canada billions of dollars each year. Despite the reduced rate of smoking, health care costs related to smoking have increased steadily since 1966.² In 2002, tobacco use accounted for \$4.4 billion in direct health care costs and an additional \$12.5 billion in indirect costs such as lost productivity, longer-term disability and premature death.³

MOVING TOWARD A NEW NATIONAL GOAL

In August 2007, the federal government announced a goal for the Federal Tobacco Control Strategy that would see the rate of smoking in Canada reduced to 12 per cent by 2011. In addition to reducing the national smoking rate, the Federal Tobacco Control Strategy, by 2011, also aims to:

- Reduce the prevalence of smoking among 15 to 17 year olds from 15 per cent to nine per cent.
- Increase the number of adults who quit smoking by 1.5 million.

- Reduce the prevalence of Canadians exposed daily to second-hand smoke from 28 per cent to 20 per cent.

ABOUT THE LUNG ASSOCIATION

Established in 1900, The Lung Association is one of Canada's oldest and most respected health charities, and the leading national organization for science-based information, research, education, support programs, and advocacy on lung health issues. For more information on The Lung Association, please visit www.lung.ca.

-30-

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NOTE TO EDITOR

About The Report

- *Making Quit Happen: Canada's Challenges to Smoking Cessation* was sponsored by an unrestricted educational grant from Pfizer.
- In preparing *Making Quit Happen: Canada's Challenges to Smoking Cessation*, The Lung Association completed an environmental scan and analysis of the state of smoking cessation in Canada.
- In addition, Leger Marketing was engaged to determine attitudes and experiences among health professionals (family physicians; allied health professionals including nurses, nurse practitioners, pharmacists, and dental hygienists) and the general population (smokers, ex-smokers and non-smokers) relative to cessation.
- Leger Marketing conducted a hybrid telephone and online survey between February 11th, 2008 and March 8th, 2008.
- With a national sample of smokers, ex-smokers, and non-smokers exposed to second-hand smoke of 4,196 respondents, results can be considered accurate to within $\pm 1.5\%$, 19 times out of 20. The results for the sample of 597 doctors and healthcare workers can be considered accurate to within $\pm 4.0\%$, 19 times out of 20.

¹ Health Canada. Canada's New Government Announces New Goals for Smoking Rates. http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2007/2007_106_e.html. Accessed May 2008.

² Kaiserman MJ, The Cost of Smoking in Canada, 1991. *Chronic Diseases in Canada*. 1997; 18:1.

³ Life and Breath: Respiratory Disease in Canada, Public Health Agency of Canada 2007 page 14.