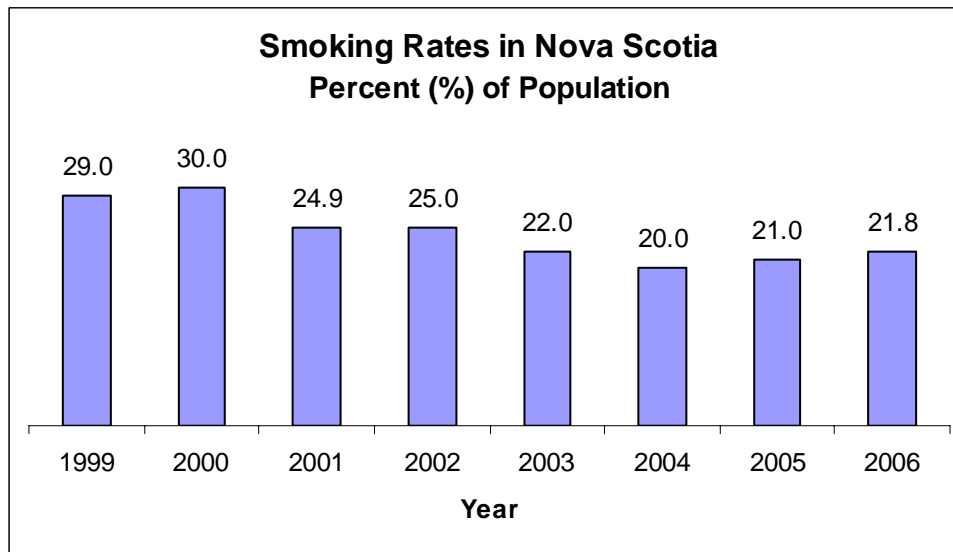


## Smoking Cessation in Nova Scotia

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, oth indoor and outdoor workplaces, work vehicles and school grounds from tobacco smoke. Cessation programming in the province follows an addictions treatment model. Multi-week individual and group counselling 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 counsellors 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 t 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. Thankfully, most (69%) are aware that in Canada, many national, provincial, and local organizations and support services exist that specialize in helping smokers quit and staying that way.

# Smoking Cessation in Nova Scotia

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 / allied health professional suggested ways to quit.
- As many as 77% of the ex-smokers who consulted their family physician or allied health 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 counselling, 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 counselling. However, only 43% are currently reimbursed for it. The percentage of allied health 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).

## Smoking Cessation in Nova Scotia

- Eighteen per cent have tried a prescription therapy.

Table 3

The 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)

### There is a 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 counsellors. Ensure trained smoking cessation counsellors 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.

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 formularies 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.