

Smoking Cessation

ISSUE

Smoking is the number one preventable risk factor for heart disease and stroke. It is responsible for the death of 13,000 Ontarians annually. Annual reductions in the prevalence of smoking, so common in the last three decades, have dramatically slowed or have come to a standstill. As of 2006, 19% of Ontarians (2.1 million people), continue to smoke cigarettes. Young Canadian adults aged 20-24 years old currently have the highest rate of smoking at 27%.

RECOMMENDATION

1. Maintain annual funding of Smoke Free Ontario at current commitment of \$40 million.
2. Resource a comprehensive smoking cessation system that includes behavioural support, access to pharmacotherapy and effective follow up over time.
3. Expand the Ottawa Model for Smoking Cessation to all hospitals.
4. Contraband control and renewed tax increases.

FACTS

- Smoking is a risk factor for heart disease, stroke, cancer and respiratory disease.
- Nicotine is an addictive drug that increases your blood pressure, makes your heart work harder and can result in blood clots.
- Tobacco smoke contains over 4,000 chemicals, including at least 50 that cause, initiate or promote cancer. Although the amount in each cigarette is small, the amount stored in the body increases with each puff of the cigarette.
- Becoming smoke-free can extend your life, even if you are over 60 years of age.
- 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.
- 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 quit attempts. 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%.



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BACKGROUND

The Heart and Stroke Foundation of Ontario (HSFO) is one of the five founding members of the Ontario Campaign for Action on Tobacco (OCAT). Other members of OCAT include: The Canadian Cancer Society, Ontario Division, The Ontario Lung Association, The Ontario Medical Association and the Non Smokers' Rights Association. This organization represents and takes the lead on most of our advocacy efforts with the provincial government.

Since 1999, The Foundation has been the lead agency in promoting public awareness campaigns in support of tobacco control. Through these campaigns, we helped to raise awareness and public acceptance of the Smoke-Free Ontario Strategy (SFOS).

There have been several positive advancements over the last few years including the passage of the Smoke Free Ontario Act, banning powerwalls in convenience stores, banning smoking in cars with children under 16 and eliminating flavoured cigarillos which targets youth.

However, it has been eight years since the implementation of the Smoke-free Ontario Act and nearly two and half million Ontarians are still smoking. The tobacco control strategy budget of the Ministry of Health Promotion (MHP) has decreased from \$60 million down to \$40 million in 2009-2010. Ontario has experienced an increase in the proliferation of contraband and there has been little done to control this problem.

HSFO has been represented on the government's consultation to develop another 5 year strategy through the Tobacco Strategic Advisory Group. We look forward to the recommendations and encourage the government to implement another 5 year strategy.

Current Smoke-free Ontario cessation programs are only reaching approximately 4% of Ontario smokers. Ontario's cessation rates are stagnated resulting in escalating healthcare costs to manage the smoking-related morbidity. It's time to take advantage of the Smoke-free Ontario Act which is a strong policy foundation that can encourage smokers to quit.

The Heart and Stroke Foundation of Ontario consulted with smokers, quitters and experts about what is needed. They told us the Government needs to develop a multi-faceted coordinated cessation system that includes behavioural support, access to pharmacotherapies, and long-term follow-up to help smokers quit and ensure quitters stay quit. It should include:

- help for smokers to identify the type of treatment best for them and then easily refer them to it.
- multiple opportunities for access to treatment, long-term follow-up with quitters to help ensure success.
- a mandate for coordinated cessation treatment service among all of: quitlines and public health, acute and primary healthcare systems, public and private health insurance, employers and workplaces with the aim of reducing barriers to treatment.
- resources to: facilitate and support the system; support treatment costs for smokers; ensure on-going promotion of the treatment points to ensure treatment utilization.

OTTAWA MODEL FOR SMOKING CESSATION

HSFO has begun to delve deeper into the realm of smoking cessation by promoting the Expansion of the Ottawa Model for Smoking Cessation in partnership with the Ottawa Heart Institute and Pfizer Canada. The principle goal of the Ottawa Model for Smoking Cessation is to identify and offer treatment to every smoker admitted to hospital using best practice guidelines. The program includes three main components: identify and document smokers on admission, provide cessation advice and pharmacotherapy and provide follow-up support. HSFO believes the government should expand the Ottawa Model to all hospitals in Ontario to assist more smokers to quit, particularly since these patients are in a teachable moment and experience a high success rate for quitting and staying quit.