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Smoking Cessation: An Integral Part of Primary Health-Care Delivery

Reducing the number of smokers in the population is a main goal of a comprehensive tobacco strategy. One way to achieve this goal is to increase the availability of support for smoking cessation. Many Canadians make quit attempts without pharmacotherapy and behavioural aids, such as nicotine gum, nicotine patch, Zyban, Wellbutrin, Champix or psychosocial counselling. However, these aids can enhance successful cessation rates and continued abstinence, sometimes doubling or tripling the odds of success.¹ For example, the success rates of nicotine replacement therapy are larger when accompanied by the provision of intensive behavioural support.² The effectiveness of greater use of aids is acknowledged by several Canadian and Saskatchewan-based groups working on smoking cessation and some groups highlight that effective tobacco interventions need to be an integral part of primary health-care delivery.³

This update explores quitting behaviour and the use of pharmacotherapy and behavioural aids among Saskatchewan smokers aged 15 years and older. It also looks at the involvement of health professionals in delivering cessation services. All data presented in this report are from the Canadian Tobacco Use Monitoring Survey (CTUMS).

Quitting Behaviour

In 2010, 21% of Saskatchewan current smokersⁱ indicated that they had a serious intention to quit smoking within 30 days, with 53% expressing an intention to quit in the next 6 months (see Figure 1). These rates have not changed significantly since 2005. Almost half of all smokers (46%) reported one or more quit attempts in the past year. Although the estimates have not increased in recent years, it is encouraging that such a large proportion of smokers try to quit each year.

Use of Quitting Aids in Saskatchewan

In 2010, 13% of Saskatchewan smokers who made a quit attempt used nicotine gum, 12% used the nicotine patch, and 15% used other products such as Zyban, Wellbutrin, or Champix. These rates are similar to that reported in the rest of Canada, with the exception of lower use of the nicotine patch (12% in Saskatchewan but 20.5% in Canada; see Figure 2). Saskatchewan smokers identified several reasons for not using pharmacotherapy products including: the cost of the product (29%), the perceived effectiveness of the product (26%), and possible side effects of taking the product (26%). Similar rates were reported in 2009.ⁱⁱ

Seventeen percent of smokers in Saskatchewan indicated an awareness of smoking cessation programs, plans, or supports in their workplaces; this is not significantly different from the national average (17% vs. 20%).

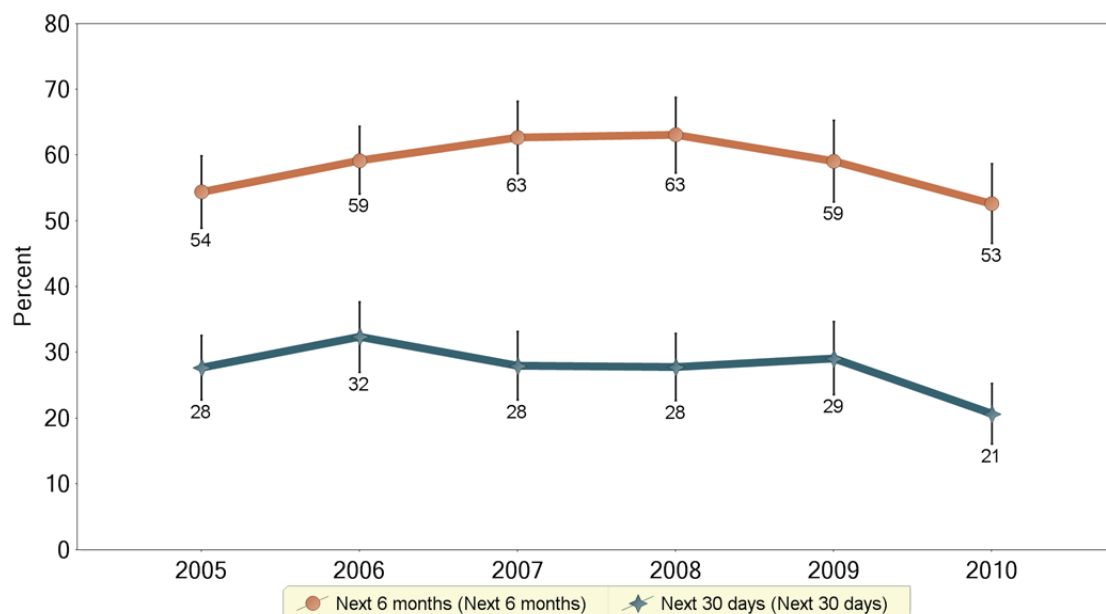
ⁱ Current smoking is defined as someone who has smoked at least 100 cigarettes in his or her life and smoked within the last 30 days (a daily or occasional smoker).

ⁱⁱ Survey questions were revised in 2009; data before this time was unavailable.



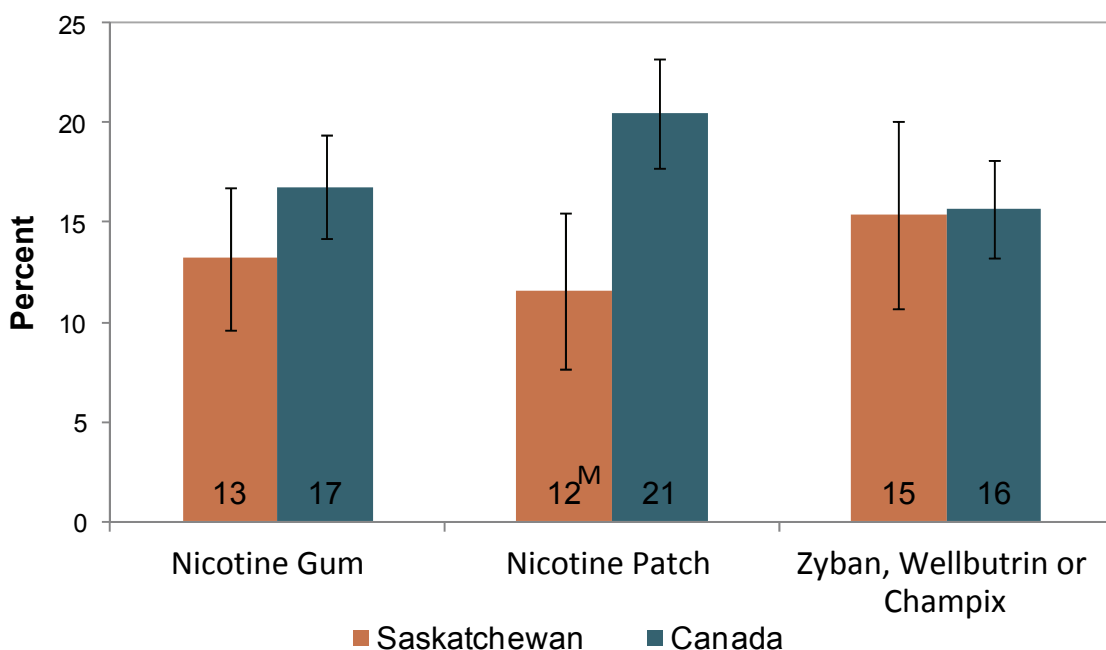
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Figure 1: Intentions to Quit Smoking in the Next 6 Months and Next 30 Days, Current Smokers, Ages 15+, Saskatchewan, 2005-2010



Source: Canadian Tobacco Use Monitoring Survey 2005-2010

Figure 2: Use of Nicotine Patch, Nicotine Gum, and other Pharmacotherapy Products (Past 2 Years), 15+, Saskatchewan, 2010



M = Interpret with caution: subject to moderate sampling variability.

Source: Canadian Tobacco Use Monitoring Survey 2010

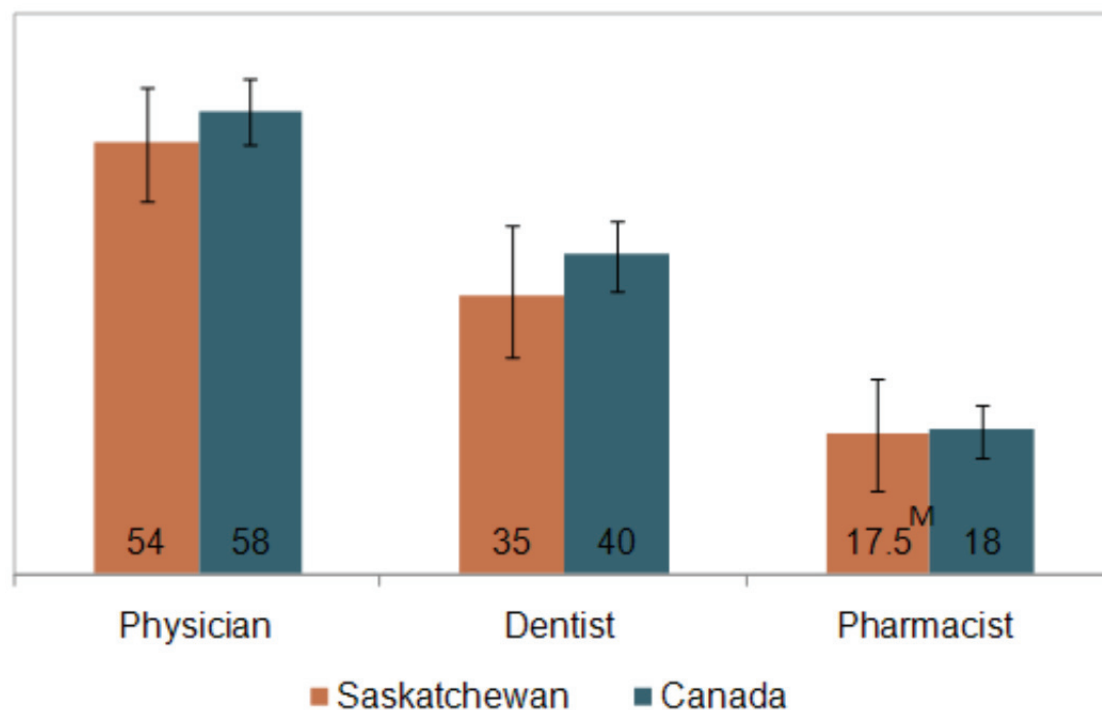


Health Professional Advice about Quitting

Cessation support from health professionals has been shown to significantly improve quit outcomes in smokers.⁴ In Saskatchewan, smokers receive advice to reduce or quit smoking from their physician (54%), dentist/dental hygienist (35%) or pharmacist (17.5%). The rates are comparable to the national rates and they have remained constant since 2005 (Figure 3).

Sixty-seven percent of smokers who received advice to reduce or quit smoking from their physicians received information regarding quit aids such as the nicotine patch, other quit smoking medications, and counselling programs. Data about the type of quitting information received from Saskatchewan dentist/dental hygienists and pharmacists were too small to report; however, national estimates indicate that pharmacists (79%) are more likely to provide information on quit aids compared to physicians (64.5%) and dentists/dental hygienists (35%). The national data draws awareness to allied health professionals as key providers of cessation support and underscores the potential value of training a variety of health professionals to deliver cessation services.

Figure 3: Health Professional Advice to Reduce or Quit Smoking (Past Year), 15+ year olds, 2010



M = Interpret with caution: subject to moderate sampling variability.

Source: Canadian Tobacco Use Monitoring Survey 2010



Conclusion

Quitting behaviour in Saskatchewan suggests that there is a need for cessation services and supports in the province, with 46% of all smokers making at least one quit attempt in 2010. Although Saskatchewan smokers express concerns about the use of pharmacotherapy, levels of use indicate that smokers in the province are moderately interested in using these products. Health professionals play a valuable role in providing cessation services to clients. CTUMS data demonstrate that pharmacists' involvement in cessation services is significant, as well as that of physicians and dentists. The data also suggest that there is room for greater involvement of health professionals, for instance, to encourage the use of pharmacotherapy aids, mitigate concerns about cessation products, and increase the use of existing cessation programs, plans, and supports.

References

- ¹ Fiore, M.C., Jaen, C.R., Baker, T.B., Bailey, W.C., Benowitz, N.L., Curry, S.J., et al. 2008. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. Available at: http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf. Accessed March 13, 2012.
- ² Stead LF, Perera R, Bullen C, Mant D, Lancaster T. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub3.
- ³ Lung Association of Saskatchewan. Health professionals: Tobacco cessation. Available at <http://www.sk.lung.ca/index.php/health-professionals-mainmenu/tobacco-cessation>. Accessed March 13, 2012.; Partnership to Assist with Cessation of Tobacco. Available at <http://www.makeapact.ca/about-pact> Accessed July 2012.; Métis Nation Saskatchewan. The Green Light Project. Available at <http://www.mn-s.ca/main/wp-content/uploads/2011/05/The-Green-Light-Project.pdf> Accessed July 2012; "The STOP Study." Available at <http://www.stopstudy.ca/Default.aspx>. Accessed July 2012.
- ⁴ Canadian Association of Occupational Therapists. Canadian Counselling and Psychotherapy Association. Canadian Dental Hygienists Association. Canadian Medical Association. Canadian Nurses Association. Canadian Physiotherapy Association. *The role of health professionals in tobacco cessation*. [Joint position statement]. 2011. Available at http://www.caot.ca/pdfs/positionstate/Joint%20Position%20Statement_Tobacco%20Cessation%202011.pdf. Accessed March 14, 2012.

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