

# Towards the eradication of tobacco addiction in Canada: The role of the physician

Twenty-seven per cent of the population of Canada aged 15 years or older use tobacco products. That equates to over seven million people of whom one in five will die of a cigarette-related disease. Seventy-five per cent of these individuals want to quit, and five out of six wish they had never started.

The prevalence of cigarette smoking has dropped from 50% of the adult population in the 1950s and continued to drop each year until 1994. The number of teenagers smoking in 1993 stood at 17%, approximately half of what it was 20 years ago. The initial causes of the reduction were multifactorial, partly due to increased public awareness of the risks and the benefits of cessation, partly due to the reduction in advertising, partly due to the warnings placed on cigarette packages and most certainly due to the very sizeable increases in the price of cigarettes.

Since February 1994, with the tobacco tax rollback in Canada, more teenagers and preteens have begun to smoke. Previous data from Health Canada have indicated that it is this segment of the population which is most sensitive to the price of tobacco. 1994 was the year of the greatest increase in tobacco consumption in recorded Canadian history. The tobacco tax reduction in 1994 may well rank as the worst public health fiasco perpetrated by any Canadian government. It is also potentially a very expensive blunder as one in four of the new smokers will develop a cigarette-related disease, and one in five will die because of it.

Why do teenagers begin to smoke? Initially the cause is peer pressure and cigarette advertising; subsequently nicotine addiction develops followed by psychological conditioning.

Why do people continue to smoke even if they want to quit? Primarily, in most individuals, it is because of nicotine addiction and a combination of environmental and emotional cues as a result of psychological conditioning and reinforcement by each cigarette smoked.

Recent research into why a person starts smoking and those factors that maintain the habit have enabled physicians, psychologists and pharmacologists to approach a smoking cessation success rate that has not been possible previously.

A number of modalities have been shown to be effective in smoking cessation. The first and simplest of these is physician advice. Firm advice from a doctor with counselling, provision of literature and follow-up has been shown to result in cessation in a significant number of smokers. This is particularly true if the person has a smoking-related disease. And yet only about 60% of doctors even ask all their patients if they smoke.

If the smoker is determined by the physician to have a significant component of nicotine addiction, nicotine replacement therapy is indicated. This can be accomplished with the nicotine patch or nicotine gum depending on individual circumstances. If these agents are prescribed, the patient should be fully acquainted with the correct usage and potential side effects. For example, if the person continues smoking while using the nicotine patches, the nicotine in the blood may rise to levels that are potentially hazardous to patients with unstable heart disease.

Behaviour modification is an essential component of the smoking cessation process. All smokers trying to quit should be referred to the Lung Association or equivalent program for instruction in those aspects of behaviour modification most applicable to him or her. These techniques address the environmental and emotional cues so important in sustaining the habit in most smokers.

The combination of physician advice, nicotine replacement and behaviour modification, with follow-up by the physician or a formal smoking cessation program, has been shown to result in documented quit rates of 25 to 30% verified biochemically.

The other factors shown to be relevant in cessation are social. If the spouse and friends don't smoke and the environment at work is nonsmoking, there is a greater likelihood of the smoker quitting. Unfortunately, however, the reverse is true - if the spouse, friends and work associates do smoke, the likelihood of success is significantly diminished.

As important as the accomplishment of cessation by current smokers is the prevention of initiation of the tobacco habit in teenagers. A total of 40,000 Canadians die each year of cigarette-related diseases, approximately 110 deaths daily. Thus, the tobacco industry needs to induce addiction in 110 Canadian teenagers each day just to retain the market. It behooves every physician to exert any influence he or she may have upon their elected officials to reinstitute tobacco taxes in those provinces where they have been reduced, ban all cigarette advertising, initiate the use of plain (generic) packaging and remove cigarette machines from areas accessible to teenagers. The organization 'Physicians for a Smoke Free Canada' works actively towards these objectives, and they should be supported in their efforts.

With the improved understanding of the development of addiction and maintenance of the habit and the new therapeutic modalities, we are closer than we have ever been to eliminating eventually the curse of tobacco smoking, the major cause of preventable death in our society today.

*Morley Lertzman MD FRCPC  
Professor of Medicine, University of Manitoba  
Head, Section of Respiratory Medicine  
St Boniface General Hospital  
Winnipeg, Manitoba*



**Hindawi**  
Submit your manuscripts at  
<http://www.hindawi.com>

