



The truth about tobacco and why we should care

Interprofessional Hyperacute/Acute
Stroke Best Practice Workshop

June 2018

Reflections on Smoking



Today's Session . . .

Provide overview of:

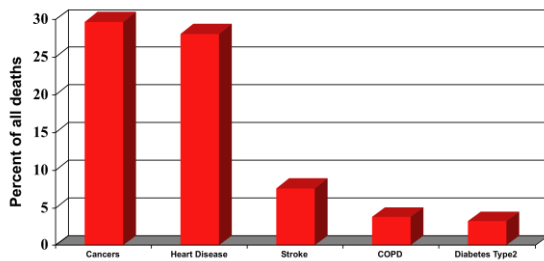
- The role of the tobacco industry
- Impact of tobacco use
- Tobacco basics
- Addiction
- The health care provider's role in addressing tobacco use and nicotine addiction
- 3 As and pharmacotherapy options for smoking cessation

Imagine. . .

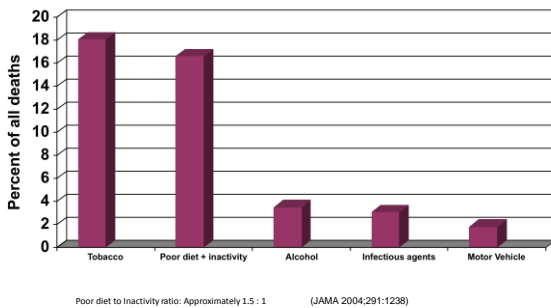




Causes of Death in Ontario



Real Causes of Death



Smoking increases the risk of stroke and recurrent stroke.

- among all Canadians who experienced a stroke in 2008-09, 41% were current smokers
- the significant impact of smoking on stroke is second only to hypertension
- After 5 - 15 years: Risk of stroke is reduced to that of someone who has never smoked

Burden on the Healthcare System

- The burden of tobacco-related illness has a significant financial impact on the entire healthcare system.
- Tobacco-related disease accounts for at least **500,000 hospital days** each year in Ontario alone
- Tobacco-related diseases cost the Ontario economy at least **\$1.7 billion** in healthcare annually, results in more than **\$2.6 billion** in productivity losses

McMaster University, EXPANDING THE UPTAKE OF HOSPITAL-BASED TOBACCO-USE CESSATION SUPPORTS ACROSS ONTARIO, 18 January 2012 MHP, 2009

Smoking Rates

Central West TCAN: 2nd highest number of tobacco users age 12+ after the Central East TCAN

The current smoking (past 30 days) prevalence (CCHS 2013-14)

- | | |
|-------------------------------|---------------------------|
| • 13.6 % Halton (62,400) | • 18.3% WDG (43,900) |
| • 16% Waterloo (73,200) | • 18.8% Hamilton (89,200) |
| • 16,5% ON (1,924,900) | • 19.2% HNHU (18,400) |
| • 17.9% CW (399,200) | • 21.4% Niagara (83,500) |
| | • 25.0% Brant (28,500) |

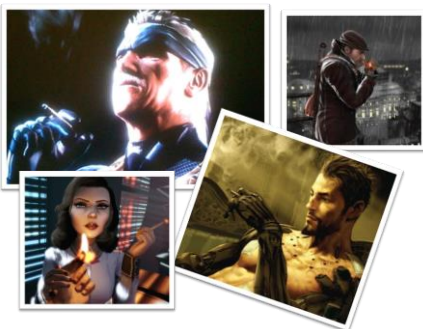
**UNFILTERED
FACTS**

**The Tobacco Industry
aka Big Tobacco**

Tobacco in Movies



Tobacco in Video Games

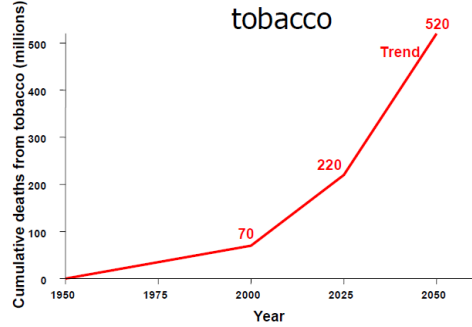


Other Products



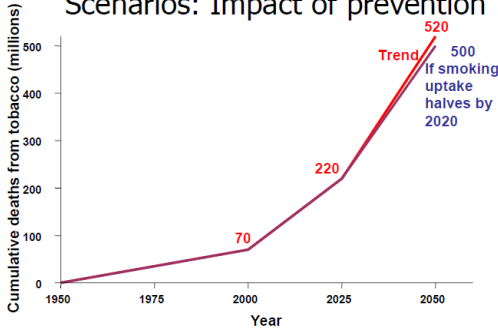


Scenarios for future deaths from tobacco



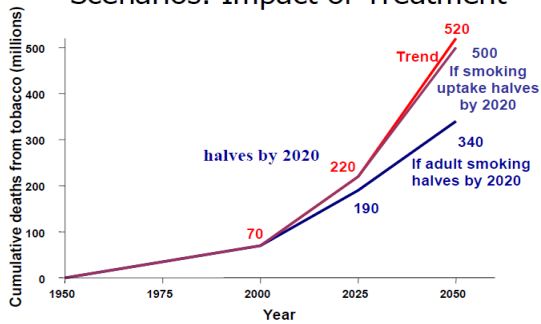
Source: Peto et al

Scenarios: Impact of prevention



Source: Peto et al

Scenarios: Impact of Treatment



Source: Peto et al

Tobacco: the basics

What's in a Cigarette?

- Nicotine is responsible for the addiction, but other chemicals contribute to its addictive effects.
- Over 4,000 chemicals such are:
 - Tar
 - Acetone
 - Ammonia
 - Formaldehyde
 - Benzene
 - Cadmium
 - Carbon monoxide
 - Arsenic
 - Shellac
 - Cyanide



The “Light” Myth



- The lower tar and nicotine numbers on light cigarette packs and in ads are misleading
- Light cigarettes provide no benefit to smokers' health

Second-hand Smoke

- Smoke that is exhaled by the smoker OR smoke that drifts off from the end of a burning cigarette
- Releases 4000 chemicals but in a greater quantity
- Contains 2x more tar and 5x more carbon monoxide
- Linked to more than 1000 deaths/year



Chewing Tobacco

- Spit tobacco delivers higher dose of nicotine (4 times higher than cigarettes)
- Chewing tobacco is not a safe alternative to cigarettes
- People who dip or chew increase their risk of a developing a number of health problems, including:
 - Mouth Cancer
 - Throat Cancer Heart disease
 - Dental diseases Stomach problems
 - Loss of taste and smell

Electronic Cigarettes

- Not regulated
- May contain nicotine
- May help assist with quitting
- Can be used to vape drugs



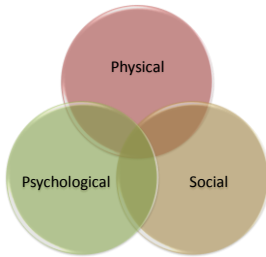
Waterpipe Tobacco/Hooka/Shisha

- Used to smoke tobacco or other substances. (narghile, argile, hookah, shisha, goza or hubble bubble)
- Shisha is a moist mixture of tobacco and/or other plant substances and flavourings held together with molasses or honey
- Flavours- fruit, candy, alcohol
- May contain nicotine



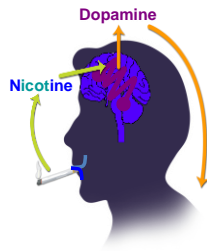
The Addiction

Why do people use tobacco?



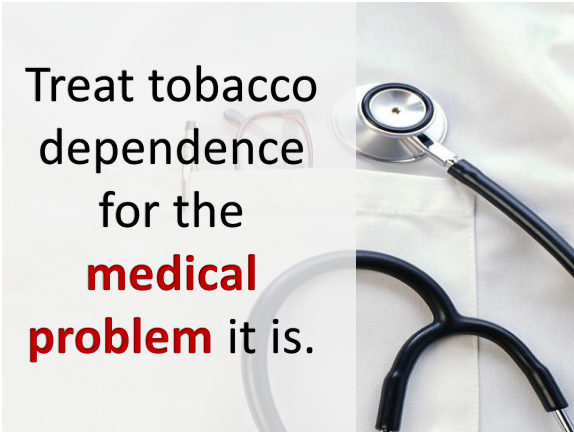
Nicotine and the Brain

- Nicotine binds to receptors in the brain causing the release of dopamine which in turn causes feelings of pleasure and calmness



Video



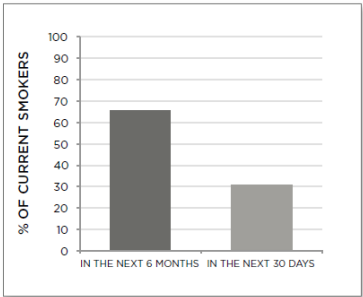


**Canadian Stroke Best Practice
Recommendations**

Section 2.8 Smoking Cessation

In all healthcare settings along the stroke continuum (inpatient, ambulatory, and community), patient smoking status should be identified, assessed and documented [Evidence Level A].

Motivation to Quit



Reid J, Hammond D. Tobacco Use in Canada: Patterns and Trends. Propel: Centre for Population Health Impact. 2013; 57.

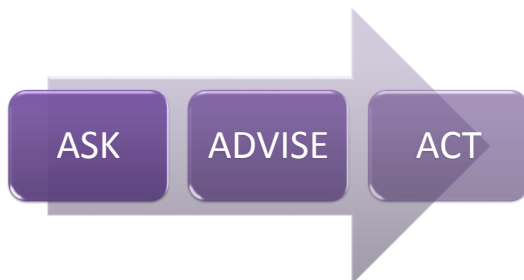


Unwilling Smokers Benefit from Cessation-Oriented Care

- Smokers *not* ready to quit actually quit at the same rates as those who *are* ready to quit (Ellerbeck, 2009)
- Inter99 Study - smokers not planning on quitting will accept treatment and quit (Pisinger, 2005)
 - Only 11% planning to quit in next month
 - 27% enrolled in groups
 - 35% of enrollees quit
 - Only half of those who ultimately quit, initially said they were planning to quit



3 As in LESS than 3 minutes!



The 3 As

- Spending as little as **3 minutes** discussing smoking cessation with your patient can increase abstinence rates
- **Advising** your patient to quit smoking *and* **offering** support has been show to increase quit attempt rates by **40-60%**

Anyard, P, Begh, R, Parsons, A, West, R. Brief opportunistic smoking cessation interventions: a systematic review and meta-analysis to compare advice to quit and offer of assistance. Addict. 2012; 107 (6): 980-987. <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2012.02779.x#>
QUIT: Quit Using and Inhaling Tobacco. Canadian Pharmacists Association. <http://quit.ca/resources/Default.aspx?contentID=2510>

The 3As

ASK

Have you used any form of tobacco in the last 30 days?

- ☐ Yes Type & Amount: _____
- ☐ No **STOP HERE**

ADVISE

- ☐ Advise that tobacco use is prohibited on all hospital property
- ☐ Personalized, nonjudgmental advice on the importance of tobacco cessation provided to patient.

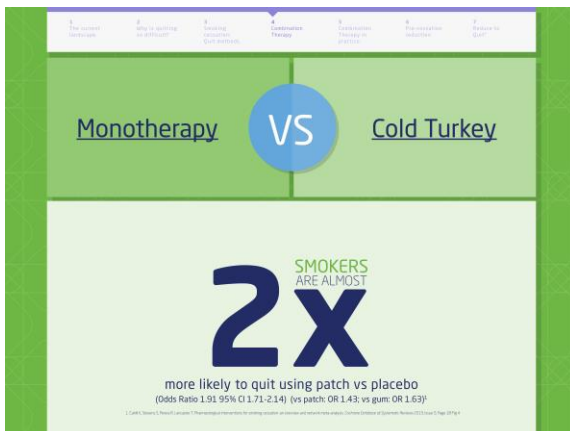
ACT

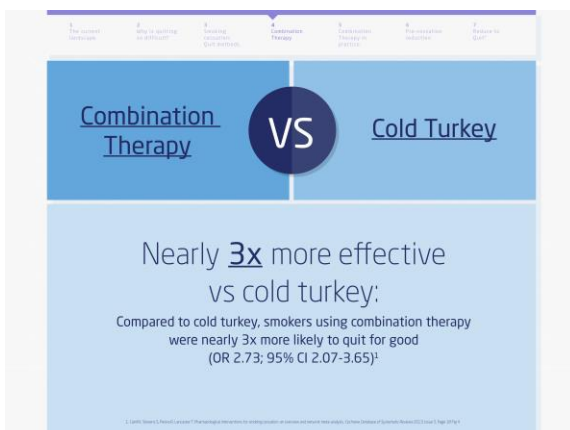
- ☐ NRT accepted
- ☐ NRT declined
- ☐ Health teaching provided on tobacco cessation
- ☐ Complete referral to Smokers' Helpline for support after discharge and/or other service

Pharmacotherapy

Nicotine Replacement Therapy (NRT)

- NRT includes:
 - Sustained release (long-acting)
 - Patch
 - Immediate release (short-acting)
 - Gum
 - Lozenge
 - Inhaler
 - Spray/mist





The infographic is titled "Use of NRT + Support VS Cold Turkey". It states: "Nearly **4x** more effective vs cold turkey alone: With HCP strategic advice, NRT can increase a smoker's success of quitting by 4-fold¹". At the top, there is a navigation bar with 7 steps: 1. The current landscape, 2. Why is quitting so difficult?, 3. Current Canadian quit resources, 4. Evidence-based Therapies, 5. Evidence-based Therapies vs. Cold Turkey, 6. The integration of NRT, and 7. Prepare to Quit¹.

Prescription Medications

■ Varenicline (Champix)

- Partial nicotine agonist which blocks nicotine receptors helping to reduce the rewarding properties of nicotine, reducing withdrawal symptoms
- **Triples** the odds of quitting compared to placebo

QUIT: Quit Using and Inhaling Tobacco. Canadian Pharmacists Association <http://quit.medresource.com/Default.aspx?contentID=3312>

Prescription Medications

■ Bupropion (Zyban)

- Helps to reduce withdrawal symptoms, however, the mechanism of action is not fully understood
- Almost **doubles** the chances of your patient remaining smoke-free compared to placebo

QUIT: Quit Using and Inhaling Tobacco. Canadian Pharmacists Association <http://quit.medresource.com/Default.aspx?contentID=3312>

Harm Reduction – Controlled Smoking

- Aims to reduce the adverse health, social, and economic consequences of drug use without requiring abstinence.
- Abstinence is healthiest choice.
- Focuses on the most immediate and achievable changes.
- Increases confidence level which increases the likelihood of future cessation.

Slips

If patients slip and have a cigarette, you can:

- Reassure them that a slip is not a failure.
- Tell them not to panic, all their hard work isn't wasted.
- Get back on track as quickly as possible and learn from the slip.
- Think about what led them to smoke and figure out how they will handle the situation differently next time.

Reflections on Smoking



Key Points

- Tobacco is the leading cause of **preventable death** in the developed world
- The majority of people who smoke **want to quit**
- Asking patients about smoking is not being intrusive & research shows that **asking increases quit rates**
- **Provide support** to patients who are both ready and not ready to quit.
- Keep the conversation positive. Let them know **you believe they can do it**

Questions? Contact me:

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