

Tobacco use remains one of the leading preventable causes of disease, disability and premature death. What is particularly tragic is that we have the necessary tools to help our patients and clients with their tobacco dependency but are not always prepared to implement them.

Assessing and recording tobacco use at every patient visit is extremely important for patient health. This 'vital sign' is, in essence, a predictor of health for that individual. If a healthcare professional assesses smoking as a vital sign of a patient's health, our healthcare system has the ability to not only treat tobacco dependence, but to prevent a myriad of other related and often devastating tobacco related illnesses.

Although significant progress has been made in the last half century since the *US Surgeon General's Report on Smoking & Health* in 1964, tobacco continues to take a toll on the population that we care for. Tobacco kills at least one in two of its regular users, and the impact on our health system, and our population, is real.

More than 3,000 Albertans die annually from tobacco-related illnesses. In Alberta, the healthcare costs alone have been estimated to be \$470.6 million per year.¹

Some tobacco health statistics:

- Tobacco use and exposure is responsible for 30% of all cancer-related deaths in Alberta.²
- More women will die of lung cancer than breast cancer and all reproductive cancers combined.
- Approximately 3,700 Albertans die of ischaemic heart disease each year- 1,233 of these deaths can be attributed to smoking.³
- Smokers aged 45-54 will stay in hospital on average 1.5 days longer; those aged 65 to 74 will stay an average 6 days longer.⁴
- In 2011 69,430 Albertans were living with diagnosed COPD and COPD accounts for the highest rates of hospital admissions among major chronic illnesses in Canada.⁵
- COPD hospitalization average stay is 10 days with approximate cost of \$10,000 per stay⁴
- Smoking causes adverse impacts on surgical outcomes such as poor wound healing, increased mortality, and heart attacks.³
- Tobacco use contributes to the development of diabetes and increases concurrent issues related to vascular damage, decreased peripheral circulation, increased need for insulin, and hypertension.
- Tobacco dependence is a chronic relapsing disease involving nicotine addiction and is not simply a "lifestyle choice".
- Tobacco is responsible for 5.4 million deaths globally each year.¹
- Without substantial change to tobacco use rates, tobacco will kill 1 billion people during the 21st century.¹
- Treatment of tobacco addiction is most effective when it includes a combination of behavioural counselling (problem-solving and skill development) and pharmacotherapy (nicotine replacement therapy or cessation medication).

¹ Baliunas, D., Rehm, J., Gnam, W., Popova, S., et al. (2002). The costs of alcohol, illegal drugs, and tobacco in Canada (2002) *Journal of Studies on Alcohol and Drugs*

² ACB. (2007). *Briefing Note: Evidence Supporting Tobacco Control Policies*. Calgary: Alberta Cancer Board.

³ <http://www.health.alberta.ca/documents/Trends-2007-chronic.pdf>
<http://www.statcan.gc.ca/pub/84f0209x/84f0209x2008000-eng.pdf>

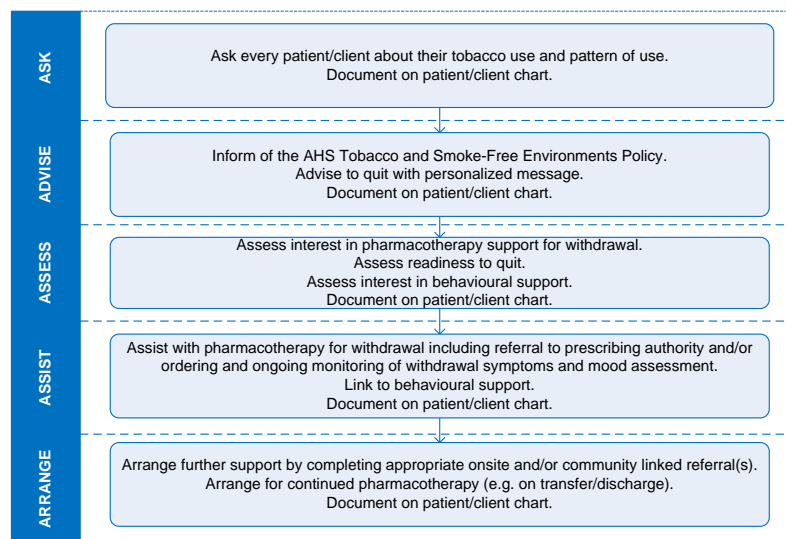
⁴ <http://www.stopsmokingforsafersurgery.ca/>

⁵ The Lung Association (2010). The Human and Economic Burden of COPD: A Leading Cause of Hospital Admission in Canada http://www.lung.ca/cts-sct/pdf/COPDReport_E.pdf

Alberta Health Services’ (AHS) systemic tobacco treatment initiative, *Tobacco Free Futures*, has been introduced in AHS sites across the province, with the goal of implementation into all AHS facilities over the coming months. This initiative has developed a system-wide process for identifying tobacco use in our patients, providing treatment, and arranging the appropriate documentation and follow up for each individual.

“This intervention continues to benefit the patient/ client year after year and for some conditions, such as chronic obstructive pulmonary disease, stopping tobacco use is the only effective intervention to prevent the progression of the disease,” says Dr. Brent Friesen, Medical Doctor, Fellow of the Royal College of Physicians of Canada of the Tobacco Free Futures Initiative.

Tobacco Free Futures follows a simple algorithm for tobacco treatment that all healthcare professionals can follow to achieve optimized practice. Each patient is **Asked** if they have used tobacco products in the last 12 months, is **Advised** to quit their use, **Assessed** for readiness to quit, **Assisted** with quitting, and the appropriate follow up is **Arranged**. *Tobacco Free Futures* provides the support and treatment necessary to adequately respond to AHS’s Tobacco and Smoke-Free Environments Policy by providing guidelines for the use of pharmacotherapy needed to address nicotine withdrawal for patients at our sites who can no longer smoke on hospital grounds.



Tobacco use has the potential to complicate the majority of health issues we see every day. Smoking and tobacco use by patients has implications for treatment plans, medication considerations, illness recovery, and prolonged quality of life.

Besides the obvious benefits to our patients and healthcare system, assessing tobacco use as a vital sign aligns with Alberta Health Services’ five year Health and Business Plan, which specifically speaks of addressing and treating tobacco use as part of our core service.

Alberta Health Services has several programs, training programs and resources to help healthcare professionals address tobacco use with their patients. Visit <http://www.albertaquits.ca/> and look under *healthcare providers* for more details. <http://www.albertaquits.ca/helping-others-quit/healthcare-providers/index.php>

Info from AHS
Info on what you can do
Baliunas et al., 2007