**Pulse**

**Are Canadians aware of the risks of smoking?**

Statistics Canada’s 1996/97 National Population Health Survey found that 96% of Canadians older than 12 are aware of smoking-related health risks. Younger people are more likely to know about the risks — 98% of those aged 20-24 knew of them, versus 93% of those aged 75 or older — but awareness was the same among males and females. Quebec residents are somewhat less likely than other Canadians to know that smoking is linked to health risks (94% versus the national average of 96%). Residents of Manitoba and BC (98%) are most likely to know about these dangers.

Of those who recognize that smoking poses risks, 97% are aware of the specific risk of lung cancer, but only 85% of respondents named stroke as a risk associated with smoking.

There is almost no gender variation in awareness of specific health risks. However, there is a modest variation by age, with younger Canadians being somewhat more likely to be aware of the risks of lung cancer, heart disease, respiratory ailments and stroke. For example, 99% of those aged 12-14 are aware of the association between lung cancer and smoking, compared with 93% of those aged 75 or older. Residents of Quebec and Saskatchewan are least likely to know that a risk of stroke is associated with smoking (79% and 81%, respectively), while Ontarians and New Brunswick residents (90%) are most aware of the link between stroke and smoking.

Surprisingly, Canadians with lower levels of education tended to be more aware of the association between smoking and lung cancer, heart disease, respiratory ailments and stroke. For example, 99% of those aged 12-14 are aware of the association between lung cancer and smoking, compared with 93% of those aged 75 or older. Residents of Quebec and Saskatchewan are least likely to know that a risk of stroke is associated with smoking (79% and 81%, respectively), while Ontarians and New Brunswick residents (90%) are most aware of the link between stroke and smoking.

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**Want to quit smoking? Call your surgeon**

Researchers at Vancouver’s St. Paul’s Hospital are betting that smokers who are admitted for surgery may decide it’s time to quit. They’ve developed the Facilitating Abstinence in Smokers of Tobacco (FAST) project, funded by the National Cancer Institute of Canada. Some 400 patients will participate in the randomized trial, which differs from other smoking-cessation programs in that patients in the experimental group will be encouraged to fast from tobacco for 28 hours prior to surgery.

Studies have shown that fasting for even 24 hours offers postoperative benefits such as improved cardiac function and healing in orthopedic patients. “Most of these patients anticipate being told to stop smoking [by hospital staff] and are surprised when they are not,” says Pamela Rutner, assistant professor of nursing at UBC and the study’s principal investigator.

The patients are also counselled on stress-management techniques and told about postoperative benefits such as increased blood oxygenation. They receive stop-smoking kits containing nicotine gum and written material about dealing with cravings, plus a toll-free phone number. Patients are seen again before leaving hospital and are then followed up for 4 months. The control group of patients receives normal treatment, without intervention. “Some surgeons will advise patients to quit, but not give them any assistance,” says Rutner.

Although most surgeons support the project, she says some think that discussing smoking before surgery is paternalistic and judgemental. “We are saying that people welcome having a discussion with a health professional because they are often looking for support. As long as it is done in a support-ive way, there is nothing inappropriate about broaching the subject.” — Heather Kent, Vancouver