

Appendix 19: Smoking and Diabetes

We have all heard and know that smoking is bad for our health. It increases our risk for lung cancer, heart attack and stroke. Did you know that 100 Canadians die from smoking-related diseases every day?

Did you also know that people with diabetes face an even greater risk from smoking? When you have diabetes and you smoke, you are more likely to have certain diabetes complications compared to the person with diabetes who does not smoke.

Ways that smoking affects your diabetes:

- Smoking cuts the amount of oxygen reaching tissues. The decrease in oxygen can lead to a heart attack or stroke.
- Smoking increases your cholesterol levels and the levels of some other fats in your blood, raising your risk of a heart attack.
- Smoking damages and constricts the blood vessels. This damage can worsen foot ulcers and lead to nerve damage and leg and foot infections.
- Smoking increases your blood pressure.
- Smoking can raise your blood glucose level.
- Smoking can increase a man's chance of becoming impotent.

In addition, consider these facts:

- Smokers with diabetes are more likely to get nerve damage and kidney disease.
- Smokers are more prone to getting colds and respiratory infections.
- Smokers with diabetes are three times as likely to die of cardiovascular disease as are non-smokers with diabetes.

Quitting smoking is one of the most important things people living with diabetes can do to help prevent or delay the onset of complications.



Why is it so hard to quit?

It's not easy to quit smoking. To understand why it is so hard and to help quit smoking, it helps to understand the nature of smoking addiction. The addictive parts of smoking can be divided in three parts:

- Addiction to nicotine
 - Nicotine, found in cigarettes, is one of the most addictive drugs. Its use over time changes brain chemistry.
 - Nicotine has its effect by attaching to certain receptors in the brain.
 - If not regularly stimulated with nicotine, the person will feel withdrawal.
 - Both withdrawal and the craving it causes are tied to changes in brain chemistry.
- Habit
 - Your ingrained responses such as always smoking after a meal
- Feelings
 - Certain feelings trigger the urge to smoke

What can I do to quit?

The first critical step is to make the decision to quit. It may help to set a firm, short-term quit date. In the meantime, get as much information as you can from your community nurse about options to help you quit. A variety of quit-smoking aids and medications are available that can increase your chances of success.

Nicotine replacement therapy

The first line of treatment is nicotine replacement therapy. This can be in the form of gums, lozenges, patch or inhaler and will help ease withdrawal symptoms. Talk to your community nurse about the potential benefit of nicotine replacement therapy.

Oral medications

Other prescribed medication can help reduce smoking cravings.

A number of nicotine replacement therapy products including gums, lozenges, patches and inhalers as well as oral medications are covered through Non-Insured Health Benefits (NIHB). For a full list of quit-smoking aids and medications available through NIHB, visit the website at: <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante//nihb-drug-list-2016-liste-medicaments-ssna/index-eng.php?page=36#aa>

Or call NIHB at: 1-800-665-8507.

Never quit quitting!

Quitting can be hard and many people experience a lapse. Successful quitters generally make at least two or three unsuccessful attempts before they finally kick the habit, so never quit quitting. It's never too late to quit smoking.



For more information on smoking and diabetes, or to order handouts on smoking and diabetes, please visit the Diabetes Canada website at:

<https://orders.diabetes.ca/collections/educational-material/products/smoking-and-diabetes?variant=1276860545>

Partnerships:

There are a number of ways that you can partner with others to make your community a safer smoke-free place.

- Collaborate with community leadership to help make the community smoke-free in public places
- Partner with the school by supporting and promoting programs in school-aged children that have proven to be effective in convincing young people to not start smoking
- Work with your community addictions worker to assist people living with diabetes to quit smoking

Canada's Tobacco Strategy:

In Manitoba region, since 2019 every First Nation community receives support or funding for Canada's Tobacco Strategy (formerly named the Federal Tobacco Control Strategy, FTCS). This funding is provided to three tribal councils and five communities to help reduce the use of non-traditional tobacco use in all First Nations communities in Manitoba.

Some of the activities that fall under this program include:

- Increasing actions on tobacco protection measures
- Increasing actions to reduce access to and availability of tobacco products within communities
- Promoting innovative approaches to prevent tobacco misuse at the group or population level that engage and target community members in relevant settings and environment
- Increase education and skill development activities directed to community members and training for community workers on health promotion and tobacco-related topics
- Provide tools, programs, training and activities to support community-members to quit smoking or quit other forms of tobacco misuse

For more information on the Canada's Tobacco Strategy, or to find out how you can benefit from these services in your community, contact the FNIHB staff.