



# INSIGHTS

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ISSUED QUARTERLY

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## Is it time for smokers to ante-up?

There are decision-makers who are still unconvinced that employee health is a business issue. They need to start paying attention to the data that's out there - both statistical and anecdotal.

In a 2008 Watson-Wyatt study it was estimated that illness-related work absences can cost the average Canadian firm up to \$10 million a year in lost productivity. The study also found that companies with the most effective health and productivity programs generate 20% more revenue per employee.

I concede that measuring the relationship between health and productivity isn't an exact science: the different methods used for calculat-

ing costs and ROI make it difficult to generalize outcomes. But the existing knowledge gap shouldn't deter decision-makers from making workplace health a priority.

We are living through a time of immense change. The population is aging and there is an increase in illnesses occurring earlier in life, largely due to lifestyle choices, resulting in the greater part of a lifetime spent relying on the healthcare system. Though employers most often carry the rising burden of healthcare costs, the effects trickle down to employees and their families too. All of us need to recognize we are being called upon to take greater responsibility for not only our health but that

of our children.



While driving to work one day in January I heard the term "third-hand smoke"

for the first time. Third-hand smoke is the tobacco contamination that remains after the cigarette is extinguished. It's the toxic layer that is deposited on every indoor surface where a smoker lights up - the cocktail of toxins that linger in carpets, sofas, clothes and other materials hours or even days after a cigarette is put out.

The 2006 surgeon general's report says there is no risk-free level of tobacco exposure. Apparently there are 250 poisonous toxins found in cigarette smoke. One of these substances is lead, and studies have shown that tiny levels of exposure are associated with diminished IQ. Cyanide also can be found in cigarette smoke. Cyanide interferes with the release of oxygen to tissues. It binds to hemoglobin, meaning it competes with oxygen for binding sites on the blood's oxygen-carrying molecule.

So, why are the risks associated with exposure to third-hand smoke different for children and adults? The developing brain is uniquely susceptible to extremely low levels of toxins. Remembering there are layers of toxin deposits on indoor surfaces

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### Have you been looking for a little extra incentive to quit smoking?

*The Canadian Cancer Society has joined together with the Ministry of Health Promotion to launch a Driven to Quit Challenge.*

Go smoke-free for March 2009 and you could win a new 2009 Chevrolet Malibu Hybrid or one of two \$5,000 vacation getaways, or other prizes.

This campaign encourages Ontario adults who are daily smokers to make a quit attempt for the month of March with the support of a "buddy".

To enter, participants must:

- Be an Ontario resident, 19 yrs of age or older as of March 1, 2009
- Be a current daily tobacco user for at least one year
- Find a non-smoking buddy to support them as they go smoke-free
- Register with their non-smoking buddy by Feb 28, 2009
- Quit smoking by March 1, 2009 and remain smoke-free until March 31, 2009
- If they have quit smoking since Jan 1, 2009, they are eligible to enter the Driven to Quit Challenge.

Tips to help quit smoking, information about the contest and how to register can be found at: [www.driventoquit.ca](http://www.driventoquit.ca) Good luck!

## Separating Fact from Fiction

### Can Heading Outside in Winter with Wet Hair Increase Your Chances of Catching a Cold?

**Q:** If I head outside on a cold day with wet hair am I more likely to catch a cold or the flu?

**A:** Going outside with wet hair may cause your mom to worry, but it won't cause you to catch a cold or the flu. Instead, those illnesses can only result after exposure to one of the many viruses that have the potential to infect your upper respiratory system.

The most common way to catch them is by inhaling airborne viral particles released by the cough or sneeze of an infected person. However, an illness may also occur after touching your eyes, nose or mouth with unwashed fingers that have come into contact with a virus that has contaminated a high-touch surface such as a doorknob or keyboard.

But here's the good news: common-sense measures, like washing your hands or getting a flu shot, can go a long way toward preventing or greatly decreasing your risk for getting one or more of these viral illnesses.



### Cold /Flu Facts

The **common cold** is caused by one of the more than 200 viruses that can infect your nose and throat. Therefore, antibiotics are not effective, and there's not yet a vaccine to prevent the common cold. Children usually experience six to ten colds per year, with adults averaging two to four during this same time period. Symptoms begin gradually, one to three days after exposure and can last seven to ten days.

**Influenza** is an illness caused by exposure to one of three types of influenza virus: type A, B or C. Each type produces various strains that in turn have the potential to cause illness. In general, types A and B influenza trigger noticeable symptoms, with type A often causing the more severe health concerns. Type C is rare and produces little or no health effects. Symptoms from the flu strike quickly, are more severe than those of the common cold, and often last one to two weeks.

While most individuals do well and completely recover within several weeks, flu-related complications including pneumonia may occur. This is of special concern for the elderly, those with pre-existing medical conditions such as diabetes, as well as those with heart, kidney and lung disease.

The best defense is the annual influenza vaccine that is aimed to prevent, or greatly decrease, the risk of infection from the type A or B strains circulating in that particular year (the vaccines change from year to year).

### Reduce the Risk and Severity

- Wash your hands throughout the day, especially after touching objects (phones, desks, door handles, elevator buttons, water fountains) that may harbor germs. Use soap and water or instant hand sanitizers.
- Get adequate rest to keep your immune system strong.
- Eat a well-balanced diet that includes a variety of fruits and vegetables.
- Avoid exposure to contaminants that may impair your respiratory defenses, such as first- or secondhand tobacco smoke.
- Get regular exercise.
- Humidify your home air environment with a cool mist humidifier in order to keep the linings of your mouth and nose from drying out.
- Use disposable tissues and discard after each use.
- Don't share drinking glasses, eating utensils or your toothbrush.
- Minimize exposure to over-crowded areas during the cold and influenza seasons.

If you do end up with a cold or the flu despite your preventive measures, drinks such as water, juice and warm tea can minimize fluid loss from "normal" amounts of expelled mucous and low-grade fever. Additionally, don't forget Dr. Mom's chicken soup. This natural recipe has anti-inflammatory properties and speeds up the movement of mucous through the nose. Besides, it tastes good and is comforting. Remember, if you or your child have a fever greater than 101.5 degrees Fahrenheit, difficulty breathing, shaking chills or any concerns about your medical condition, speak with your physician.

**Smokers...** continued from reverse

and children are closer to these surfaces than adults (surfaces such as floors, and car interiors) and that they tend to touch or even mouth these surfaces are reasons why children are at greater risk. Studies in rats suggest tobacco toxin exposure is the leading cause of sudden infant death syndrome (SIDS). The studies believe it is caused by respiratory suppression.

Over 45,000 Canadians die each year from smoking. Smoking is responsible for one in five deaths in Canada. This is roughly five times the number of deaths caused by car accidents, suicides, drug abuse, murder and AIDS combined. The chance of dying from smoking for long-time smokers is 1 in 2. Deaths from smoking result in 15 years loss of expected life, on average. Coronary heart disease and stroke are 2 to 4 times more common in smokers than non-smokers and smoking is responsible for 30% of all cancer deaths.

There is no shortage of reports on the evils of smoking. Statistics Canada's Health Population Survey clearly illustrates the enormous burden smokers put on disability plans. According to the report, women who smoke have eight more years of disability than non-smokers, while male smokers have an additional seven.

So, this begs the question, "Are we doing enough to address the impact of smoking on benefit plans?" Is it time to move beyond the traditional feel-good and paternalistic approach to one that is tough-love? I think so.

There have been a raft of programs made available to assist smokers in quitting. There have been deterrents of all kinds, that for whatever reason(s) have not worked. Perhaps it's time to ask smokers to ante-up? Maybe if they paid more for their group life and health plans than non-smokers, or had to send a larger portion of their tax dollars to Ottawa for future health care expenses this would hit them where it hurts. I for one am tired of treating smokers with kid gloves. International scientific reviews indicate that second-hand smoke is the third leading cause of preventable death (after smoking and drinking alcohol). The strategy of making smokers pay their way makes more sense than pouring benefit dollars into teaching them what they already know.

If someone you love needs help quitting, ask them to call the Canadian Cancer Society smoker's hotline. They can make a free call and talk to a trained quit specialist by dialing 1-877-513-5333. It may be the kindest act of love you will ever provide.

Until next time...