



Leading Practices in Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions: *A Webinar Presentation*



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May 30th, 2017 + July 13th, 2017



In the next 60 minutes...

15

- Background + Methods

35

- Results + Interpretations

- Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions (v1.2)
- 2016-17 updates to existing scans:
 - Clinical (v4.0)
 - Indigenous (v3.0)

10

- Practical Applications + Tobacco and Cancer Resources

Honouring Traditions

Traditional versus Non-Traditional Use of Tobacco



“Traditionally, tobacco has been used as an offering to honour animals that have been hunted, to honour and thank Mother Earth, to seek guidance and protection, and to help thoughts and prayers reach the creator”

non-traditional use of tobacco =
misuse

misuse = use of commercial
tobacco products (e.g., cigarettes,
cigars, pipes, chew + spit tobacco)

Canadian Partnership Against Cancer

Who are we?

An organization funded by Health Canada to accelerate action on cancer control

The Partnership's unique contribution to the cancer landscape is rooted in its collaborative, focused approach. We engage with partners in four key ways:



Convening

Bringing together people and organizations to establish and advance priorities for collective action.



Catalyzing

Investing in, managing and assessing large projects to support successful implementation and sustained effort.



Integrating

Creating solutions with partners to meet shared goals.



Brokering Knowledge

Responding quickly to new evidence so it can be expertly assessed and made available for others to put into action.

Background

**What
tobacco cessation
programs exist
in Canada?**

**What programs
are in my
jurisdiction?**

**Which programs
are proven to
work?**



Background

Tobacco Cessation Topics

clinical
programs

web-based
programs

quitlines

pregnant +
new moms

self-help
programs

workplace
programs

co-morbid
populations

youth +
young
adults

community-
based programs

mental health +
addictions

Métis
programs

Francophone
programs

Inuit
programs

First Nations
programs

A look at the Partnership's Program Scans to Date

- 3 topic areas explored to date:

FY 13-14

Clinical Programs v1.0

FY 14-15

Clinical Programs v2.0

First Nations, Inuit + Métis Programs v1.0

FY 15-16

Clinical Programs v3.0

First Nations, Inuit + Métis Programs v2.0

FY 16-17

Clinical Programs v4.0

First Nations, Inuit + Métis Programs v3.0

Mental Illnesses and/or Addictions v1.2

Background

Program Scan Objectives

- Produce a **baseline** of knowledge on current and leading practices in smoking cessation for various settings and populations
- **Share** these practices across the country to support practice and policy specialists in adapting and innovating to improve practices in tobacco cessation

Methodology

Overview

- Environmental scan/leading practice identification methodology

Cessation and subject matter experts support development of scans



Key informant interviews with tobacco lead from each F/P/T gov't + specific topic experts



Data validated via multiple rounds of member-checking




Methodology

Four Key Questions




1. What smoking cessation programs are available within your jurisdiction (e.g., federal, provincial, territorial, or community)?
2. How are these programs delivered in your jurisdiction (e.g. federal, provincial, territorial, community)?
3. To what extent are these programs and cessation aids funded by the federal/provincial/territorial government, and for whom (e.g. eligibility)? If not, how are these programs/cessation aids funded?
4. To what extent do these programs adhere to CAN-ADAPTT guidelines?

Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) Clinical Practice Guideline



CAN ADAPTT


CANADIAN SMOKING CESSATION CLINICAL PRACTICE GUIDELINE



OVERVIEW OF SUMMARY STATEMENTS

For the complete guideline please visit: www.can-adaptt.net

Funding for CAN-ADAPTT has been made possible through a financial contribution from the Drugs and Tobacco Initiatives Program, Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



CAN ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

■ COUNSELLING AND PSYCHOSOCIAL APPROACHES

SUMMARY STATEMENT #1

ASK: Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.

GRADE*: 1A

SUMMARY STATEMENT #2

ADVISE: Health care providers should clearly advise patients/clients to quit.

GRADE*: 1C

SUMMARY STATEMENT #3

ASSESS: Health care providers should assess the willingness of patients/clients to begin treatment to achieve abstinence (quitting).

GRADE*: 1C

SUMMARY STATEMENT #4

ASSIST: Every tobacco user who expresses the willingness to begin treatment to quit should be offered assistance.

GRADE*: 1A

*GRADE: See Table 1 for Grade of Recommendation and Level of Evidence Summary Table



OVERVIEW OF SUMMARY STATEMENTS 2

CAN ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

SUMMARY STATEMENT #4 (cont'd)

a) Minimal interventions, of 1-3 minutes, are effective and should be offered to every tobacco user. However, there is a strong dose-response relationship between the session length and successful treatment, and so intensive interventions should be used whenever possible.

GRADE*: 1A

b) Counselling by a variety of combination of delivery formats (self-help, individual, group, telephone, web-based) is effective and should be used to assist patients/clients who express a willingness to quit.

GRADE*: 1A

c) Because multiple counselling sessions increase the chances of prolonged abstinence, health care providers should provide four or more counselling sessions where possible.

GRADE*: 1A

d) Combining counselling and smoking cessation medication is more effective than either alone, therefore both should be provided to patients/clients trying to stop smoking where feasible.

GRADE*: 1A

e) Motivational interviewing is encouraged to support patients/clients willingness to engage in treatment now and in the future.

GRADE*: 1B

f) Two types of counselling and behavioural therapies yield significantly higher abstinence rates and should be included in smoking cessation treatment: 1) providing practical counselling on problem solving skills or skill training and 2) providing support as a part of treatment.

GRADE*: 1B

CAN ADAPTT CANADIAN SMOKING CESSATION GUIDELINE

SUMMARY STATEMENT #4

Pharmacotherapy should be considered:

GRADE*: 1C

a) to assist patients to manage nicotine withdrawal in hospital;

GRADE*: 1B

■ MENTAL HEALTH AND/OR OTHER ADDICTION(S)

SUMMARY STATEMENT #1

Health care providers should screen persons with mental illness and/or addictions for tobacco use.

GRADE*: 1A

SUMMARY STATEMENT #2

Health care providers should offer counselling and pharmacotherapy treatment to persons who smoke and have a mental illness and/or addiction to other substances.

GRADE*: 1A

SUMMARY STATEMENT #3

While reducing smoking or abstaining (quitting), health care providers should monitor the patients'/clients' psychiatric condition(s) (mental health status and/or other addiction(s)). Medication dosage should be monitored and adjusted as necessary.

GRADE*: 1A

*GRADE: See Table 1 for Grade of Recommendation and Level of Evidence Summary Table

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OVERVIEW OF SUMMARY STATEMENTS 4

Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Ask

Advise

Assess

Assist

Arrange



Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Ask

Tobacco use status should be updated for all patients/clients regularly



Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Advise

**Health care providers
should clearly advise
patients/clients to quit**



Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Assess

Assess willingness of patients/clients to begin treatment to quit



Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Assist

Every tobacco user who expresses desire to quit should be offered assistance



Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Assist

1-3 minutes
effective,
longer = better

Every time a patient
expresses desire to quit
should be offered
assistance

Use counselling,
variety of formats
effective

4+
sessions

Provide support
+ counsel on
problem solving
skills

Combine
counselling
+ NRT/meds

Motivational
interviewing

Overview of CAN-ADAPTT Statements

Counselling + Psychosocial Approaches

Arrange

Conduct regular follow-up

**Refer patients/clients
to relevant resources**



Overview of CAN-ADAPTT Statements

Mental Health and/or Other Addiction(s)

screen for tobacco use

**offer counselling +
pharmacotherapy**



Overview of CAN-ADAPTT Statements

Mental Health and/or Other Addiction(s)

monitor client status during quits,
adjust dosage(s) as necessary



Methodology

Applying the CAN-ADAPTT

Adherence to Current Practices

Apply CAN-ADAPTT



Program #	Province	Program Name	Setting	Intervention	Population	Cost	Notes
4	AB	Alberta Human Services Drug Benefit Supplement / Alberta Human Services Programs	Population	Cessation Aids	Low income Albertans eligible for Human Services health benefits programs including children and adults up to 64 years old including recipients of the Assured Income for the Severely Handicapped program. Some products are restricted to adults 18+.	No cost	registrants: Premiums apply for Non-Group Coverage as noted here http://www.health.alberta.ca/services/drugs-non-group-premium-rates.html . Registrants are responsible for paying a co-payment of 30% of the cost of the prescription to a maximum of \$25.
5	AB	Tobacco Free Futures	Hospital-based	System change, cessation aid, counselling, referral	18+ years	No cost	treatment in conjunction with smoking cessation counselling. Coverage granted for a total of 7 weeks." SPECIAL AUTHORIZATION For subsequent prescriptions, patients obtain this product special authorization the following criteria: For use in patient of age and older smoking cessation treatment in or with smoking counselling.

4. To what extent do these programs adhere to CAN-ADAPTT guidelines for tobacco cessation?

CAN-ADAPTT Canadian Smoking Cessation Clinical Practice Guideline

Program #	Program Name	Setting	Adherence
1	ASK ABOUT USE REGULARLY	hospital	
2	ADVISE TO QUIT	hospital	
3	ASSESS READINESS TO QUIT	hospital	
4	INTERVENTANCE OFFERED	hospital	
5	INTERVENTION >3MINS (1-3 MINS minimum)	hospital	
6	VARIETY OF COUNSELLING METHODS OFFERED	hospital	
7	4+ COUNSELLING SESSIONS PROVIDED	hospital	
8	COUNSELLING + CESSATION AIDS PROVIDED	hospital	
9	MOTIVATIONAL INTERVIEWING USED	hospital	
10	INCLUDES PROBLEM-SOLVING SKILLS + SUPPORT	hospital	
11	ARRANGE FOLLOW-UP	hospital	
12	REFER TO RELEVANT QUIT SUPPORT RESOURCES	hospital	
13	ASK ABOUT MISUSE REGULARLY	hospital	
14	OFFER CULTURALLY APPROPRIATE ASSISTANCE	hospital	
15	HCPs FAMILIAR WITH AVAILABLE FN/PM SERVICES	hospital	
16	HCPs TRAINED ON EBSMOKING CESSATION	hospital	
17	MADE AWARE OF SMOKE-FREE POLICIES	hospital	
18	ELECTIVE PATIENTS AWARE OF RESOURCES TO QUIT PRIOR TO ADMISSION	hospital	
19	SYSTEM IN PLACE TO ID SMOKERS	hospital	
20	SYSTEMS IN PLACE TO MANAGE WITHDRAWAL	hospital	
21	SYSTEMS IN PLACE TO PROMOTE QUIT ATTEMPTS	hospital	
22	PHARMA FOR IN HOSPITAL AND POST QUIT	hospital	
23	PHARMA FOR IN HOSPITAL AND POST QUIT	hospital	
24	SCREEN FOR USE	hospital	
25	OFFER COUNSELLING AND PHARMACOTHERAPY	hospital	
26	MONITOR CONDITIONS AND MED DOSAGE	hospital	
27	ENCOURAGE CESSATION	hospital	
28	FIRST LINE TREATMENT = COUNSELLING	hospital	
29	SECOND LINE = INTERMITTENT DOSING NRT (e.g. gum, lozenge)	hospital	
30	FAMILY + FRIENDS OFFERED CESSATION	hospital	
31	SMOKE-FREE HOME ENCOURAGED	hospital	

Methodology

Applying the CAN-ADAPTT Guidelines to Current Practices



Quitlines, funding of cessation aids + policies/protocols were excluded from the guideline mapping analysis

Step 1



Applicable CAN-ADAPTT categories considered for each practice identified



Counselling + Psychosocial Statements (COUN)



Mental Health Statements (MH)

Methodology

Applying the CAN-ADAPTT Guidelines to Current Practices

Step 2

Statements from each applicable category were reviewed against information collected from informants.

- If the practice met a statement it was coded as “1”
- If the practice did not meet a statement it was coded as “0”

Methodology

Are current practices “leading” practices?



STRONG ALIGNMENT

Practice meets $\geq 75\%$ of the applicable CAN-ADAPTT statements

COUN ≥ 9 of 12 statements met
MH ≥ 2 of 3 statements met

WEAK ALIGNMENT

Practice meets $< 75\%$ of the applicable CAN-ADAPTT statements

COUN < 9 of 12 statements met
MH < 2 of 3 statements met

Limitations + Clarification

- Practices uncovered by this scan are as identified by key informants, primarily those at the federal/ provincial/territorial level, **other programs may exist**, especially those at the community level
- “*program*” and “*practice*” are used interchangeably in this scan, and these usually represent an “*intervention/approach*”

Quitlines: Adaptations for Persons Living with Mental Illnesses and/or Addictions



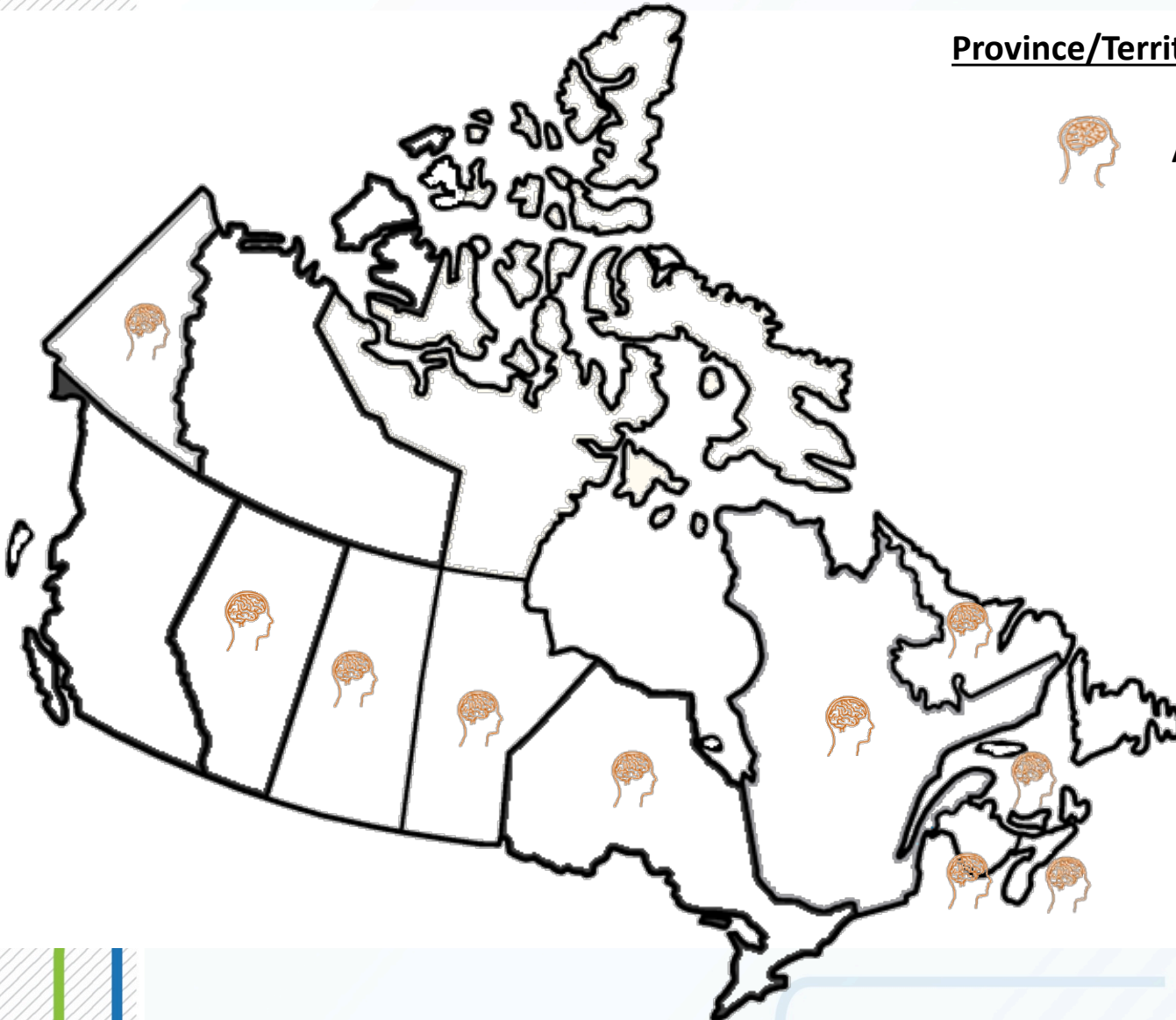
Smoking Cessation Supports in Canada for Persons Living with Mental Illnesses and/or Addictions

Quitlines

Province/Territory Program Distribution



Adaptation to quitline



Coverage of Cessation Aids: *Adaptations for Persons Living with Mental Illnesses and/or Addictions*



Smoking Cessation Supports in Canada for Persons Living with Mental Illnesses and/or Addictions

Coverage of Cessation Aids

Province/Territory Program Distribution



Adaptation to cessation aid coverage



Smoking Cessation Programs for Persons Living with Mental Illnesses and/or Addictions

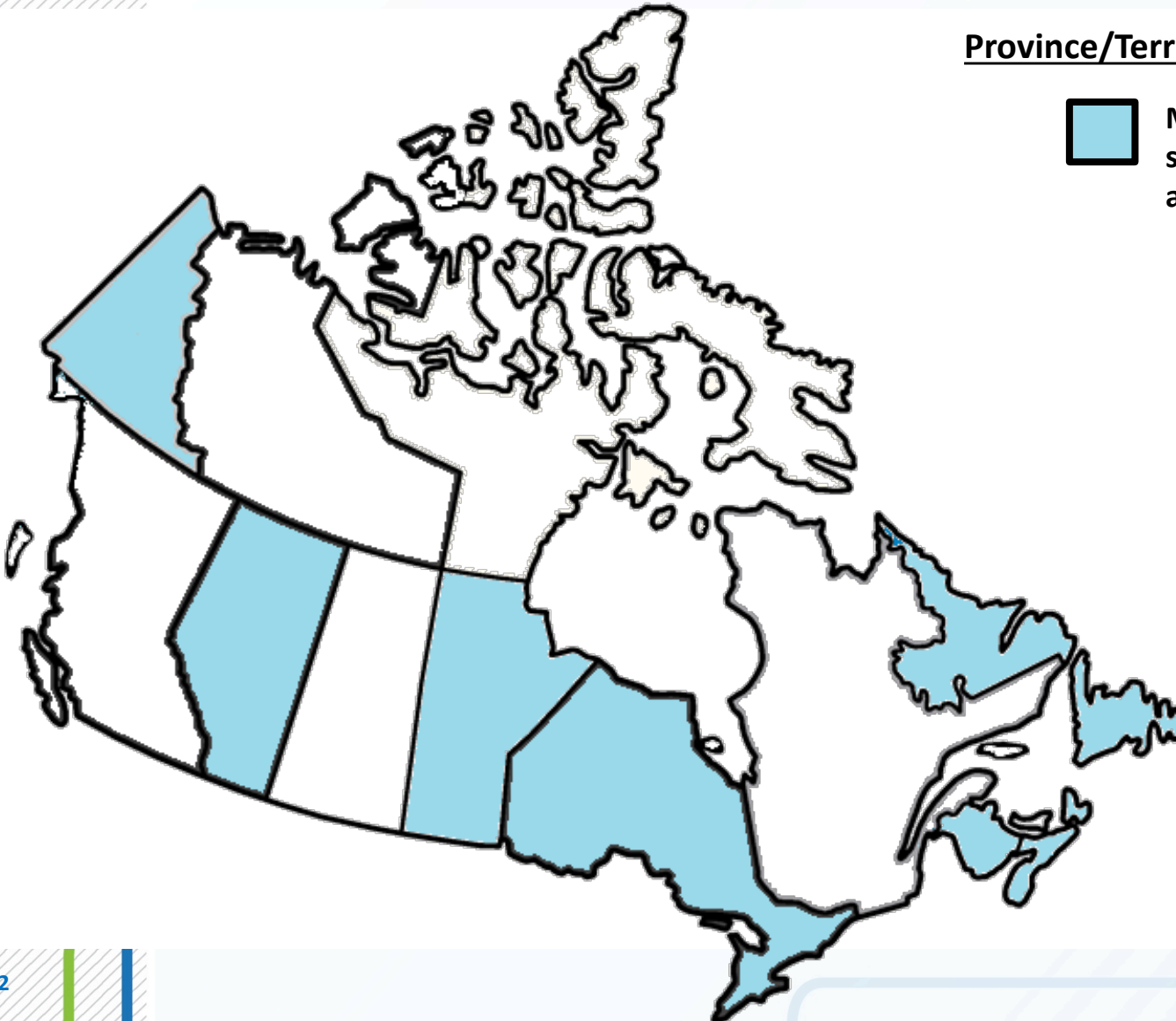


Smoking Cessation Supports in Canada for Persons Living with Mental Illnesses and/or Addictions

Summary

Province/Territory Program Distribution

 Mental health/addictions smoking cessation program available



Policy, Protocols and Capacity-Building



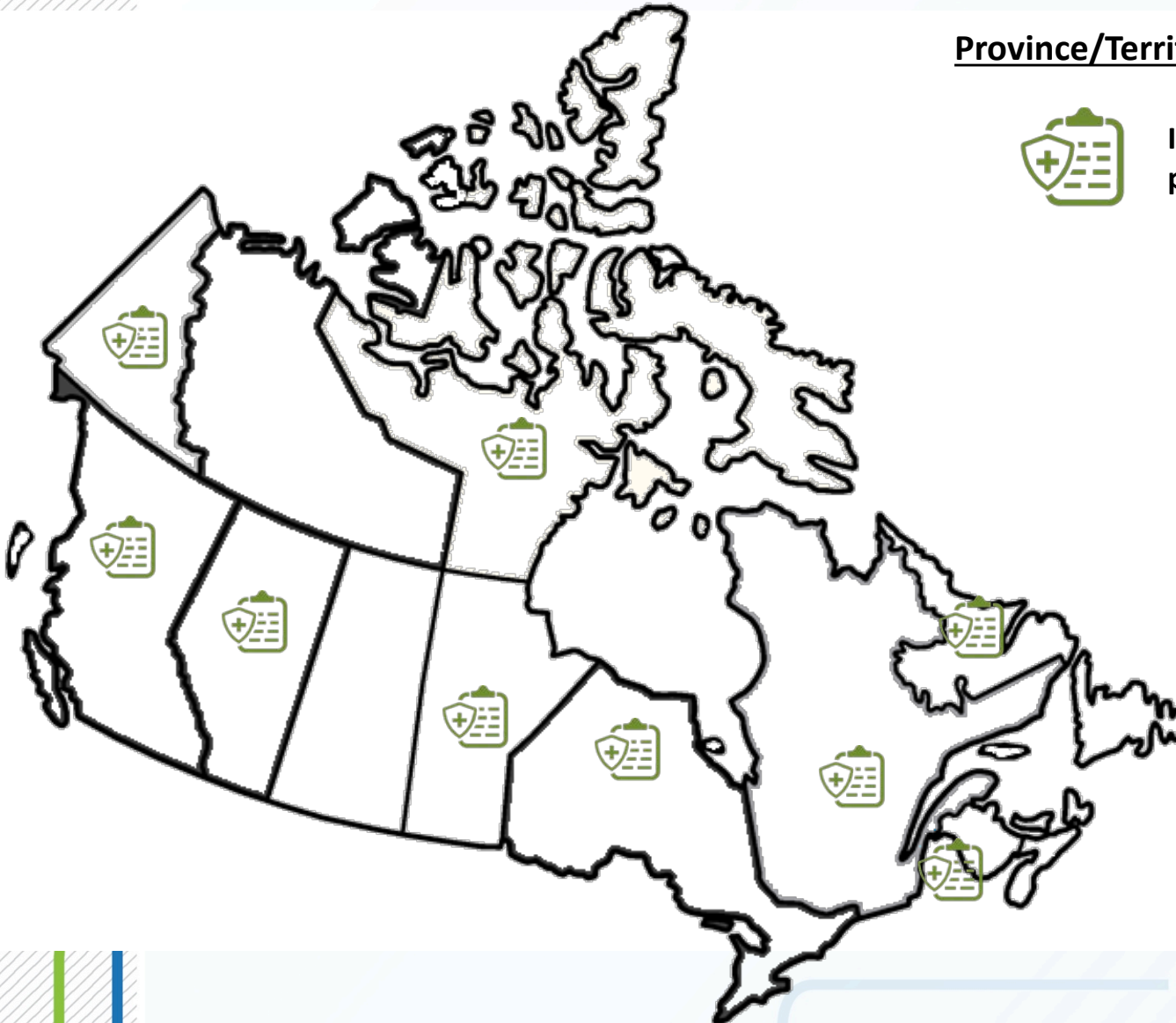
Smoking Cessation Supports in Canada for Persons Living with Mental Illnesses and/or Addictions

Summary

Province/Territory Program Distribution



Implementation of policy, protocol, and/or training



From our unique vantage point...



THE LANCET

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Articles

Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial

Prof Robert M Anthenelli, MD  , Prof Neal L Benowitz, MD, Prof Robert West, PhD, Lisa St Aubin, DVM, Thomas McRae, MD, David Lawrence, PhD, John Ascher, MD, Cristina Russ, MD, Alok Krishen, MS, Prof A Eden Evins, MD

Published: 22 April 2016

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DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)30272-0](http://dx.doi.org/10.1016/S0140-6736(16)30272-0) |  CrossMark



 [Article Info](#)

From our unique vantage point...



Nicotine
REPLACEMENT
THERAPY



ALLOWS PEOPLE
TO DEAL WITH the
ADDICTION of NICOTINE...



Baskerville NB, Brown KS, Nguyen NC, Hayward L, Kennedy RD, Hammond D, Campbell HS. (2016). [Impact of Canadian tobacco packaging policy on use of a toll-free quit-smoking line: an interrupted time-series analysis](#). *cmajo*. 4:E59-E65

2016-17 Update: Clinical and Indigenous Programs



Summary of Updates




- Most clinical smoking cessation programs have been sustained from year to year.
- Several clinical and Indigenous smoking cessation programs strongly align with pan-Canadian evidence-based guidelines on smoking cessation.
- Many opportunities remain to expand or develop culturally safe programming.

Cessation Aids and Coverage in Canada

Cessation aid legend:

-  Bupropion (BUP)
-  Varenicline (VAR)
-  Nicotine Replacement Therapy (NRT, e.g., patch, gum, lozenge, mist, inhaler)

Eligibility:

-  Yellow glow indicates limited access

FEDERAL (HEALTH CANADA)

First Nations Inuit Health Non-Insured Health Benefits Program

started in 2001
 ELIGIBILITY DETAILS: Registered for NHB and not covered by other benefits eligible to receive up to three courses of treatment in a 12 month period for free. Two 12 wk/yr courses of NRT (e.g., patch), one 12 wk/yr course of gum, lozenges and inhalers. Meds with a prescription are also covered.



**Pharmacists can prescribe cessation aids

Canadian Partnership Against Cancer (2017). *Leading Practices in Clinical Smoking Cessation: Coverage of Cessation Aids (v4.0)*. Available at: www.cancervivew.ca/robacco

Production of this infographic has been made possible through a financial contribution from Health Canada, through the Canadian Partnership Against Cancer.

April 2017 (v4.0)

BRITISH COLUMBIA BC Smoking Cessation Program

started in 2011
 ELIGIBILITY DETAILS: NRT: BC resident, active and valid Medical Services Plan coverage, obtain from community pharmacy, free for up to 12 continuous wk/yr. BUP/VAR: BC resident, active and valid Medical Services Plan coverage. Beneficiaries in FairPharmaCare plan have coverage for up to 12 continuous wk/yr, or beneficiaries in PharmaCare Plans B, C, or G eligible for free meds for up to 12 continuous wk/yr.

YUKON QuitPath

started in 2009
 ELIGIBILITY DETAILS: 18+ and enrolled in QuitPath, free 12 wk/yr.

NORTHWEST TERRITORIES Northwest Territories Health Care Plan

started in 2014
 ELIGIBILITY DETAILS: 18+ and not covered by NHB or other benefit program, free for 12 wk/yr.

NUNAVUT Extended Health Benefits

started in 2011
 ELIGIBILITY DETAILS: 18+ and not covered by NHB or other benefit program, free for 12 wk/yr.

NEW BRUNSWICK**

New Brunswick Prescription Drug Program (NBPD)

started in 2014
 ELIGIBILITY DETAILS: BUP/VAR: 18+ and covered by the New Brunswick Prescription Drug Program (NBPD) or New Brunswick Drug Plan, eligible for reimbursed meds for 12 wk/yr. Special authorization can cover an additional 12 wk/yr. New Brunswick Drug Plan (NBPD)

started in 2016
 ELIGIBILITY DETAILS: NRT: 18+ and covered by NBPD or NBPD, eligible for reimbursement for 12 wk of NRT/yr. Special authorization can cover an additional 12 wk.

NEWFOUNDLAND AND LABRADOR**

Newfoundland and Labrador Smoking Cessation Program for Individuals with Low Income

started in 2014
 ELIGIBILITY DETAILS: BUP/VAR: 18+ who are registered under Newfoundland and Labrador Prescription Drug Program Foundation, Access, or 65+ Plan, Co-pay up to \$75 for meds for 12 wk/yr. PATCH: Treatment with up to 84 Habitrol nicotine patches/yr can hbbe covered under special authorization request where Champix or Zyban are contraindicated.

PRINCE EDWARD ISLAND**

QuitCare started in 2001
 ELIGIBILITY DETAILS: 18+ and enrolled in QuitCare program eligible for \$75/yr reimbursement on NRT and BUP Prince Edward Island Financial Assistance, Children in Care, Family Health Benefit, and Catastrophic Drug Programs started in 2015
 Individuals eligible for financial assistance, Children in Care, Family Health Benefit and Catastrophic Drug programs eligible for BUP + VAR for 12 wk/yr.

NOVA SCOTIA**

Pharmacare
 ELIGIBILITY DETAILS: Some health zones subsidize the cost of NRT and/or VAR.

ALBERTA** Alberta Health Supplementary Health Benefit Program/Alberta Drug Benefit List

started in 1998
 ELIGIBILITY DETAILS: Recipient of one of these Alberta Health plans (Assured Income for the Severely Handicapped, Income Support, Alberta Adult Health Benefit, Alberta Child Health Benefit) eligible for free NRT to a lifetime maximum of \$500, or free BUP or VAR (18+ for VAR) for 12 wk/yr. Special Authorization for 24 wk/yr in conjunction with cessation counselling, started in 2011
 ELIGIBILITY DETAILS: 18+ and covered under Non-Group Coverage, Coverage for Seniors and/or Palliative Coverage may receive reduced cost VAR for 12 wk/yr (or 24 wk/yr via Special Authorization).

SASKATCHEWAN

Saskatchewan Drug Plan started in 2011
 ELIGIBILITY DETAILS: Covered under Supplementary Health Plan (Plan 1 receive for reduced cost, Plan 2 and 3 receive for free), or covered under Saskatchewan Aids to Independent Living receive for free, or covered under Special Support Program, Guaranteed Income Supplement, Saskatchewan Income Plan, Family Health Benefits, Seniors' Plan receive for reduced cost 12 wk/yr.

MANITOBA**

Manitoba Pharmacare started in 2011
 ELIGIBILITY DETAILS: VAR: 18+ and covered by Pharmacare eligible for reduced cost meds (\$350) for 12 wk/yr, recipients of the Manitoba Employment and Income Assistance Program do not pay deductible.

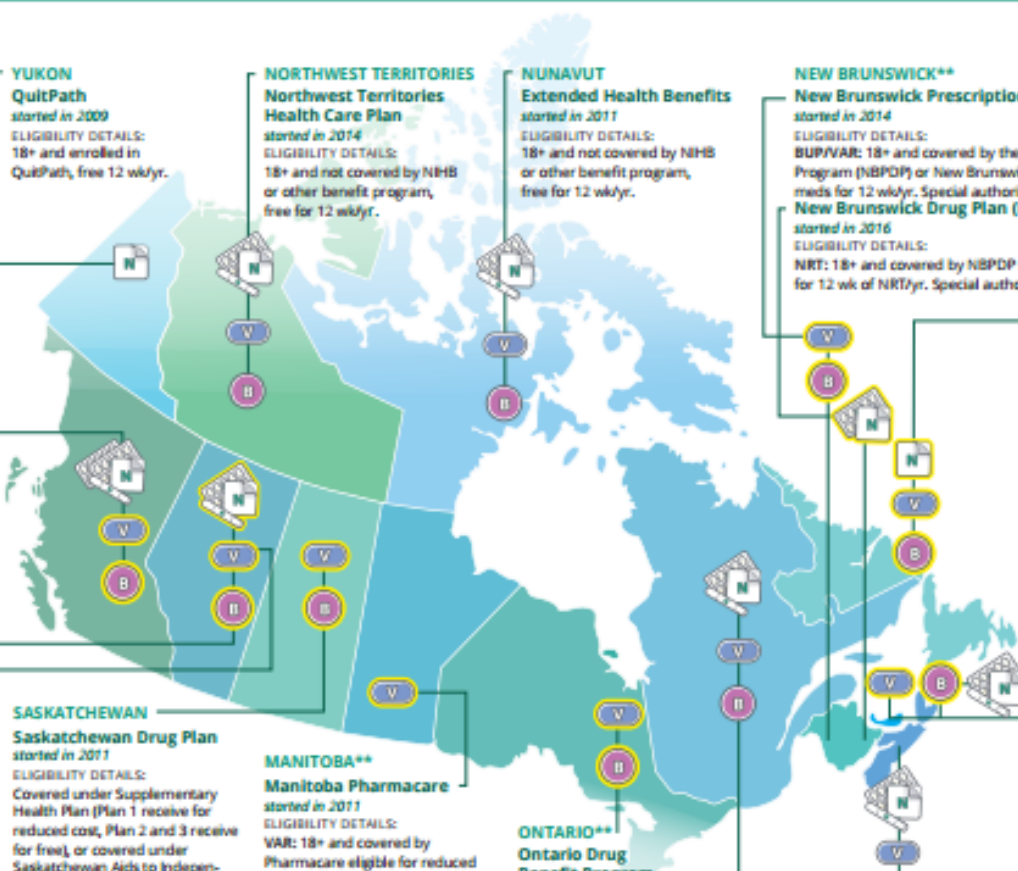
ONTARIO** Ontario Drug Benefit Program

started in 2011
 ELIGIBILITY DETAILS: Ontario Drug Benefit Program recipients receive coverage for prescription medications for smoking cessation up to 12 wk/yr provided they are enrolled in a smoking cessation program.

QUEBEC**

Quebec Public Prescription Drug Insurance Program

started in 2000
 ELIGIBILITY DETAILS: Seniors, individuals on social assistance, or individuals without health insurance eligible for free meds and NRT for 12 wk/yr.



Closing Thoughts

- Scans are a starting point... build from here for your own community or jurisdiction
- Several evidence-based approaches to tobacco cessation exist across Canada in a variety of settings... also several gaps
- Learn from each other – this may look like an environmental scan, but it is really an address book

Practical Applications and Next Steps



How can I use the program scans in my practice?

- Informing decision-making around adoption/adaptation of programs
- Developing knowledge products (e.g., briefings, presentations, reports)
- Supporting knowledge transfer and exchange



Resource Summaries

Resource Summary



Leading Practices in Clinical Smoking Cessation Program Scan v4.0 and Infographic

The **Leading Practices in Clinical Smoking Cessation program scan v4.0** update (released in 2016) to document current practices and availability of evidence-based cessation programs across Canada. An accompanying **Infographic** has also a visual representation of the coverage of cessation aids across Canada.

<p>Why is this resource important?</p>	<ul style="list-style-type: none"> Commercial tobacco use is the leading preventable cause of cancer in Canada. <ul style="list-style-type: none"> In 2014, 18% of Canadians aged 12 years or older reported smoking and some variation across provinces/territories. There remains a need for improved access to evidence-based smoking cessation. Quitting commercial tobacco use has immediate and long-term health benefits for a variety of settings. Quitting commercial tobacco use has immediate and long-term health benefits for patients, quitting smoking has benefits, such as improved cancer treatment outcomes. Article 14 of the World Health Organization Framework Convention on Tobacco Control states that governments should take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.* It is therefore important that federal/provincial/territorial governments and community-based health organizations implement evidence-based smoking cessation programs, practices, and policies that meet the unique needs of persons living with mental illness and/or addictions.
<p>What information is contained within this resource?</p>	<ul style="list-style-type: none"> The fourth iteration of the scan details data collected during the 2016-17 fiscal year on what approaches to clinical smoking cessation exist for persons living with mental illness and/or addictions across Canada, suited to informing decision-making around adoption/adaptation of leading practices in this area, development of knowledge products (e.g., briefings, presentations, reports) among other activities. It also includes information on what approaches to clinical smoking cessation exist for persons living with mental illness and/or addictions across Canada, suited to informing decision-making around adoption/adaptation of leading practices in this area, development of knowledge products (e.g., briefings, presentations, reports) among other activities. The scan and accompanying infographic on coverage of cessation programs, practices, and policies that meet the unique needs of persons living with mental illness and/or addictions.
<p>What can this resource help with?</p>	<ul style="list-style-type: none"> This scan provides evidence on what approaches to clinical smoking cessation exist for persons living with mental illness and/or addictions across Canada, suited to informing decision-making around adoption/adaptation of leading practices in this area, development of knowledge products (e.g., briefings, presentations, reports) among other activities. This scan promotes the uptake of evidence-based approaches to smoking cessation for persons living with mental illness and/or addictions, to support practice and policy specialists.

RESOURCE SUMMARY LAST UPDATED: April 2017 | NEXT UPDATE: Spring 2018

* Canadian Partnership Against Cancer. The 2014 Cancer System Performance Report. Toronto (ON): Canadian Partnership Against Cancer; 2014. <http://www.cancerview.ca/cancer-system-performance-report-2014>.
 * World Health Organization. Framework Convention on Tobacco Control. Article 14. Available from: <http://www.fctco.org/fctco/text.asp?n=14>.
 * Kalmann, D., Morosini, S., & George, T. (2015). Comorbidity of smoking in patients with psychiatric and substance use disorders. *The American Journal on Addictions*, 14, 106-125.
 * Eke, E., Kunyk, D., & McCall, L. (2009). Benefits and risks of smoking cessation: The fundamental importance of cessation must be recognized. *Smoking Cessation Issues*, 3(4).
 * Campion, J., Chacinski, K., & Nawa, J. (2006). Review of smoking cessation treatments for people with mental illness. *Advances in Psychiatric Treatment*, 14, 216-216.

Resource Summary



Leading Practices in First Nations, Inuit, and Métis Smoking Cessation Program Scan v3.0

The **Leading Practices in First Nations, Inuit, and Métis Smoking Cessation program scan v3.0** update (released in 2016) to document current practices and availability of evidence-based cessation programs developed by, with, and for First Nations, Inuit, and Métis across Canada.

<p>Why is this resource important?</p>	<ul style="list-style-type: none"> People living with mental illness or substance use disorders are two to four times more likely to smoke, are heavier smokers, smoke more cigarettes per day, and have lower quit rates compared to smokers in the general population.† <ul style="list-style-type: none"> These individuals are motivated and able to quit, particularly with access to appropriate pharmacotherapy and counselling supports. There remains a need for improved access to evidence-based smoking cessation for this population: <ul style="list-style-type: none"> In most jurisdictions, persons with mental illness and/or addictions are eligible for existing general, whole-of-population smoking cessation programs; few examples of tailored smoking cessation programs for this population currently exist in Canada. It is important for federal/provincial/territorial governments and community-based health organizations to implement evidence-based smoking cessation programs, practices, and policies that meet the unique needs of persons living with mental illness and/or addictions.
<p>What information is contained within this resource?</p>	<ul style="list-style-type: none"> The first iteration of this scan details data collected during the 2016-17 fiscal year on what approaches to clinical smoking cessation exist for persons living with mental illness and/or addictions across the country including information on the agency responsible for program administration, eligibility, and degree of alignment with evidence-based guidelines (the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-Informed Tobacco Treatment [CAN-ADAPT] Practice Guideline). It also includes information on adaptations for persons living with mental illness and/or addictions with respect to quitline services, cessation aid coverage, and tailored policies, protocols and training for health care providers that are available federally and by province/territory.
<p>What can this resource help with?</p>	<ul style="list-style-type: none"> This scan provides evidence on what smoking cessation approaches exist for persons living with mental illness and/or addictions across Canada, suited to informing decision-making around adoption/adaptation of leading practices in this area, development of knowledge products (e.g., briefings, presentations, reports) among other activities. This scan promotes the uptake and exchange of evidence-based approaches to smoking cessation for persons living with mental illness and/or addictions, to support practice and policy specialists.

RESOURCE SUMMARY LAST UPDATED: April 2017 | NEXT UPDATE: Spring 2018

† Kalmann, D., Morosini, S., & George, T. (2015). Comorbidity of smoking in patients with psychiatric and substance use disorders. *The American Journal on Addictions*, 14, 106-125.
 † Eke, E., Kunyk, D., & McCall, L. (2009). Benefits and risks of smoking cessation: The fundamental importance of cessation must be recognized. *Smoking Cessation Issues*, 3(4).
 † Campion, J., Chacinski, K., & Nawa, J. (2006). Review of smoking cessation treatments for people with mental illness. *Advances in Psychiatric Treatment*, 14, 216-216.

Next Steps Annual Program Scan Updates

FY 13-14

Clinical
Programs v1.0

FY 14-15

Clinical
Programs v2.0

First Nations,
Inuit + Métis
Programs v1.0

FY 15-16

Clinical
Programs v3.0

First Nations,
Inuit + Métis
Programs v2.0

FY 16-17

Clinical
Programs v4.0

First Nations,
Inuit + Métis
Programs v3.0

Mental Illnesses
and/or
Addictions v1.2

FY 17-18



Clinical
Programs v5.0

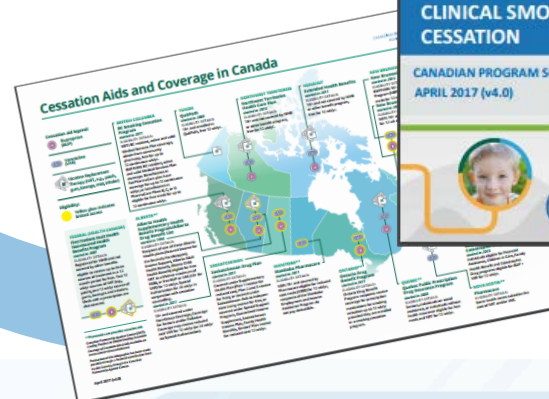
First Nations,
Inuit + Métis
Programs v4.0

Mental
Illnesses and/or
Addictions v2.0

Where can I access the program scans?

cancer**view**.ca
CONNECTING CANADIANS TO QUALITY CANCER RESOURCES

<http://www.cancerview.ca/preventionandscreening/tobacco/#leadingpractices>



Other Tobacco Resources on Cancerview.ca



Tobacco <http://www.cancerview.ca/preventionandscreening/tobacco/>

Integrating Cancer Control with Tobacco Control

Research shows tobacco use by cancer patients reduces the effectiveness of their treatment and their likelihood of survival. There is an opportunity for the tobacco control and cancer control communities to work together to help prevent Canadians from starting to smoke, help those who wish to quit smoking, and specifically support Canadian cancer patients who wish to quit smoking. That's why the Partnership recently established a new initiative to support better integration of tobacco control and cancer control resources across the country.



Accelerating Evidence-Informed Action on Tobacco: Integrating Cancer Control with Tobacco Control

In March 2014, the Canadian Partnership Against Cancer convened 50 people from across Canada with the aim of accelerating knowledge exchange, and integrating cancer control and tobacco control efforts through new partnerships and new forms of collaboration at the Accelerating Evidence-Informed Action on Tobacco: Integrating Cancer Control with Tobacco Control workshop.



Integrating Tobacco Cessation and Relapse Prevention to Improve Quality of Cancer Care

In 2016, the Partnership invested in two territories and seven provinces to plan, implement or evaluate integration of evidence-based tobacco cessation and relapse prevention within their cancer systems.

Issue Backgrounders




- Quick overview of tobacco control issues as they relate to cancer control
- Summary of F/P/T + municipal actions
- Quarterly updates to content:

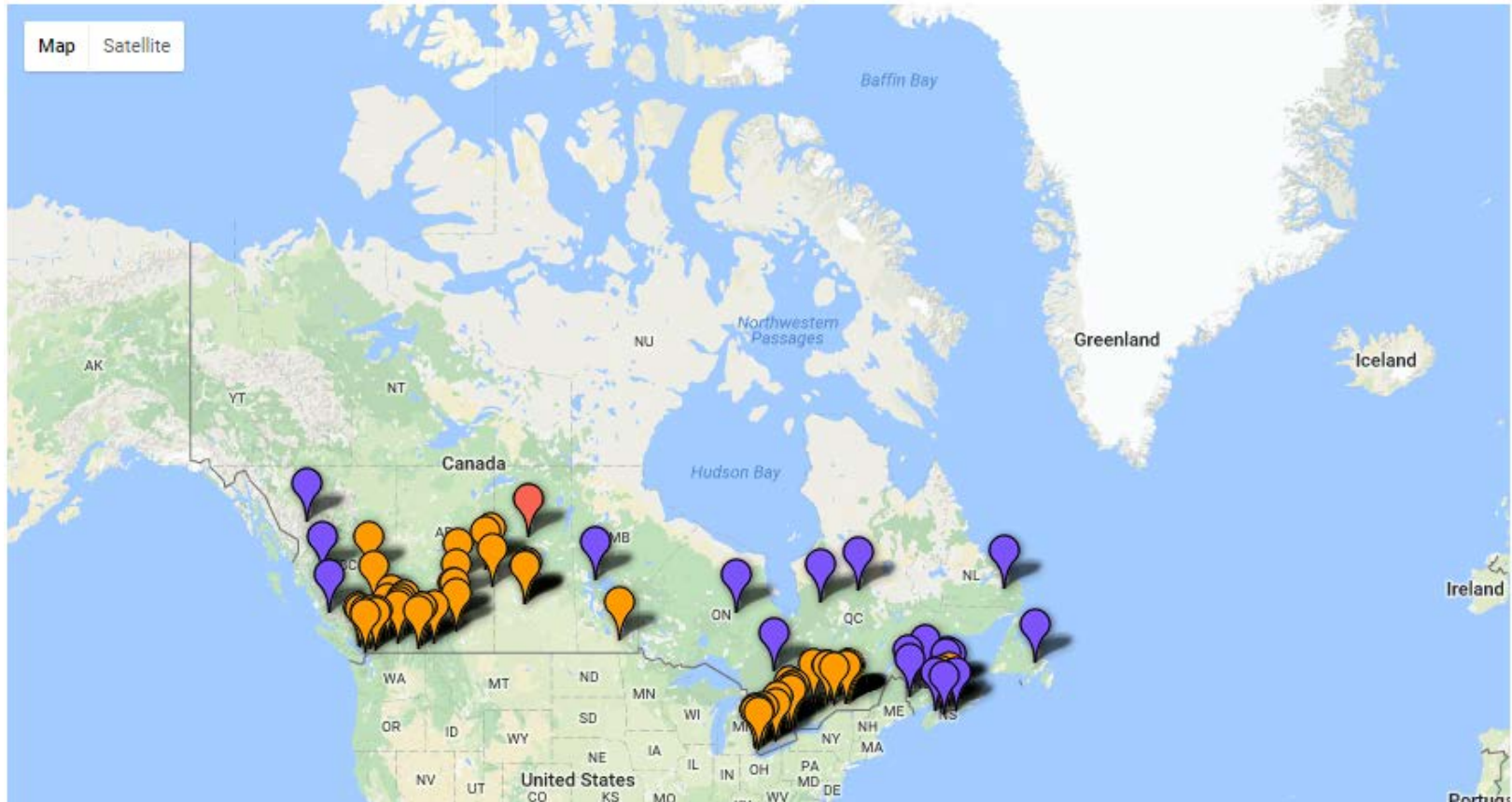


- Updated versions now available:
 - Electronic Nicotine Delivery Systems (ENDS)
 - Flavoured Tobacco
 - Waterpipes (newest!)

<http://www.cancerview.ca/preventionandscreening/tobacco/#eit>

Electronic Nicotine Delivery Systems (ENDS) Policy Map

 - Municipal Policy  - Provincial/Territorial Policy  - Federal Policy



<http://www.cancerview.ca/preventionandscreening/tobacco/>

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Prevention Policies Directory Document Tags



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Find specific policies more easily

Use our commonly used search terms to help you find:

- [Active transportation policies](#)
- [Tobacco control policies](#)

Prevention policies directory

This Directory is updated regularly with new entries.

Search prevention policies directory

Please note: Keyword search behaviour within the Prevention Policies Directory has changed. For more information, please visit the [Using the Directory](#) page.

Enter a keyword and/or select one or more filters below.

Keyword search

Risk factor

Type

Jurisdiction

Geographic location

- Alberta
- British Columbia
- Canada-wide
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Tobacco

Tobacco resources

Find tobacco policies

These commonly used search terms can help you find tobacco policies within the Prevention Policies Directory.

[Advertising](#) [Availability](#) [Cessation](#) [Contraband](#) [Costs](#) [Recovery](#) [Display](#) [E-Cigarette](#) [Flavoured](#)
[Tobacco](#) [Licensing](#) [Manufacturing](#) [Menthol](#) [Multi-Unit Dwelling](#) [Packaging](#) [Parks And Beaches](#) [Patio](#)
[Prevention](#) **Smoke-Free Place** [Smokeless](#) [Tobacco](#) [Sponsorship](#) [Taxation](#)
[Taxi](#) [Transit](#) [Vehicle With Minors](#) [Water Pipe](#) [Youth](#) [Access](#)

Canadian Electronic Nicotine Delivery Systems (ENDS) Policy Map

The Canadian Electronic Nicotine Delivery Systems (ENDS) Policy Map illustrates federal, provincial, territorial, and municipal electronic nicotine delivery system policy development across

Prevention Policies Directory

Document Tags

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RISK FACTOR: Tobacco Use,

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BY TYPE

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BY GEOGRAPHIC LOCATION

BY VENUE

BY TAGS

Active Transportation (4)

Nutrition (18)

Tobacco (260)

Showing Results 1 - 50 of 281

1 2 3 ... 6 Next »
Show 10 20 50 results/p

Title	Year
<p>Edmonton Bylaw 14700 – Vehicle for Hire Bylaw This bylaw prohibits the operator of a taxi, limousine, and shuttle from smoke any tobacco or non-tobacco substance in their vehicle. For more detailed information about carcinogens and estimates of exposures, please visit...</p>	2013
<p>City of Toronto Act, 2006, SO 2006, c 11, Sch A This legislation enables the City of Toronto to pass bylaws prohibiting smoking in public places. Section 98 applies to a city by-law to prohibit or regulate the smoking of tobacco in public places...</p>	2006
<p>Conception Bay South Taxi Regulations This regulation prohibits taxicab drivers from smoking while passengers are in the vehicle (unless passenger consent is provided) as well as consuming or possessing alcohol. For more detailed information about carcinogens and estimates...</p>	2011
<p>London Smoke Free Workplaces Bylaw PH-11 – A Bylaw to regulate smoking in workplaces in the City of London This bylaw prohibits smoking in workplaces in the City of London and outlines requirements for signs indicating as such. For more detailed information about carcinogens and estimates of exposures, please visit CAREX Canada:Environmental...</p>	2003
<p>Tobacco Tax Act, RSA 2000, c T-4 The Act regulates the tax related to the sale of tobacco products. The Act informs consumers and retailers of the tax and licence requirements involved in the sale and purchase of tobacco and...</p>	2000

- Tobacco (260)
 - Advertising(27)
 - Availability(18)
 - Cessation(5)
 - Contraband(4)
 - Costs Recovery(8)
 - Display(24)
 - E-Cigarette(27)
 - Flavoured Tobacco(12)
 - Licensing(17)
 - Manufacturing(15)
 - Menthol(8)
 - Multi-Unit Dwelling(16)
 - Packaging(18)
 - Parks and Beaches(15)
 - Patio(12)
 - Prevention(1)
 - Smoke-Free Place(164)
 - Smokeless Tobacco(20)
 - Sponsorship(4)
 - Taxation(35)
 - Taxi(38)
 - Transit(43)
 - Vehicle with Minors(15)
 - Water Pipe(12)
 - Youth Access(36)

New Suite of Resources! Sustainability of Tobacco Cessation in Cancer Systems



Key Evidence from Peer-Reviewed and Grey Literature on Smoking Cessation for Cancer Patients

- [slide deck](#)
- [raw data file](#)
- [data extraction file](#)



Key Statistics on Smoking Amongst Cancer Patients in Canada

- [slide deck](#)
- [raw data file](#)



Quotes from Cancer Patients Who Quit Smoking

- [slide deck](#)
- [raw data file](#)

<http://www.cancerview.ca/preventionandscreening/tobacco/#evidence>

“How much does offering smoking cessation support to cancer patients cost compared to what we spend on their cancer treatments?”



Key Cost Estimates on Cancer Treatment and Smoking Cessation in Canada

- slide deck
- infographic
- raw data file

National Collaborating Centres Resource Collection on Population Mental Health Promotion



Download the collection:
EN: [NCCPH.CA/MentalHealth](https://nccph.ca/MentalHealth)
FR: [CCNSP.CA/SanteMentale](https://ccnsp.ca/SanteMentale)

Questions?



Thank you

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webinar evaluation survey
(coming soon to your inbox)

