

Smoking Cessation Resources and Tools For Brockville & Area Primary Care



© Alamy

Linda Hansen, RN, MScN
Upper Canada Family Health Team
Smoking Cessation Program

Presenter Disclosure

- Presenter: **Linda Hansen**
- Relationships with commercial interests:
 - **Employee: Upper Canada Family Health Team**

Disclosure of Commercial Support

This presenter has not received financial support from any organization other than contracted employment with the Upper Canada Family Health.

No need for any Declaration of Conflict of Interest

Smoking Cessation Resources in Leeds, Grenville and Lanark

Has the client considered what supports they would like to use to quit?

Yes

NICOTINE REPLACEMENT THERAPY

- May include: Patches, gum, spray, lozenges, and inhalers
- Doubles client's chance of success with quit attempt
- *Available over the counter at a local pharmacy for those who can afford to pay. Sources of free NRT are outlined below.*

Does the client belong to a FHT, CHC or Nurse Practitioner Lead Clinic

No

Yes

STOP with Family Health Teams

- ***Must be a member of the FHT** to receive ongoing smoking cessation treatment, including:
- Free Nicotine Replacement Therapy up to 26 weeks (STOP Program)
- Counselling support

STOP with Community Health Centres

- ***Must be a member of the CHC** to receive ongoing smoking cessation treatment, including:
- Free Nicotine Replacement Therapy up to 26 weeks (STOP Program)
- Counselling support

Advise client to:
Contact their FHT
to determine whether they are participating

Advise client to:
Contact their CHC
to determine whether they are participating

If CHC/FHT is not participating, refer client to STOP on the Road at the Health Unit

STOP on the Road (at Health Unit)

***Open to those who meet eligibility criteria:**

- 3 hour group sessions (required)
- 5 week course of Free Nicotine patches
- 10 weeks of NRT also available for Pregnant Women, Youth and those newly Discharged from Hospital

Refer clients to:
Health Unit
1-800-660-5853
to be screened and registered

L, L & G Addictions and Mental Health

*** Now offering the STOP Program in Smiths and North Leeds**

- Free NRT Therapy for up to 26 weeks
- Counselling support

New Government Initiative

- \$150.00 NRT Quit Cards available when discharged from hospital
- Register online for additional \$300.00 to be loaded on card for NRT at any Ontario Pharmacy.
- Expires April 30, 2017

PRESCRIPTION MEDICATIONS

**Champix
(Varenicline)**

**Zyban
Bupropion**

Pharmacists can:

- Prescribe certain medications for smoking cessation
 - Provide smoking cessation counselling
- Advise clients to talk to their pharmacist to see if they are eligible.

Does the client have Private Health Insurance?

If a client has extra health insurance (through work, for example) advise the client to call their insurance company to see what their plan covers.

Even over the counter medications may be covered if they obtain a prescription from their primary care provider.

**Is the client on Social Assistance?
(OW/ODSP)**

Funding for NRT may be available through social assistance, with a prescription from their primary care provider, and at the discretion of the client's caseworker.

Work Sponsored Wellness programs
i.e. Procter & Gamble

See Also:
Private Health Insurance and Social Assistance/ODSP

No

OTHER SUPPORTS

Smokers Health Line
Canadian Cancer Society
Ontario Lung Association

My Quit

1-877-376-1701
www.myquit.ca

Break It Off

1-866-366-3667
www.breakitoff.ca
(app)

For moms and moms to be:
Pregnets

www.pregnets.org

For LGBT:

www.clear-the-air.ca

For youth:
Like "Quit the Denial" on Facebook

For young adults (18-29):

Leave The Pack Behind
www.leavethepackbehind.org

Apps:

Craving To Quit
Crush The Crave

See www.healthunit.org for more

Identification of Smokers in Need of Resources



- ❖ A simple, systematic approach to address tobacco use with smokers and to support successful quitting using the best available evidence-based treatments.
- ❖ Originally developed for the hospital setting
- ❖ Adapted for primary care for:

Family Health Teams

Community Health Centers

Solo Practitioners
(ESCAPE)

The 3 A's



ASK AND DOCUMENT

- ✓ Include tobacco use question as one of the patient's vital signs
- ✓ Have you used any form of tobacco in the last 7 days?

ADVISE AND REFER

- ✓ Provide strong, personalized, non-judgmental advice to quit with offer of support

ACT

For those who are ready to quit

Quit Plan Visit including:

- ✓ Strategic counseling
- ✓ Pharmacotherapy
- ✓ Follow-Up/Smokers' Helpline

**For Those Who Are Not
Ready to Quit**

smokers' helpline

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333



Canadian Cancer Society **Société canadienne du cancer**



Canadian Cancer Society **Société canadienne du cancer**

for smokers
who don't
want to quit


One

Step

at a

Time

Ottawa Model for Smoking Cessation in Primary Care Tools



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL
FOR SMOKING CESSATION
MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC

Tobacco Use Survey

Last Name: _____
First Name: _____
Address: _____
Tel: _____ Date of Birth: dd/mm/yy

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. What form of tobacco do you currently use?
☐ Cigarettes ☐ Pipe ☐ Cigar ☐ Smokeless tobacco

2. How many years in total have you been smoking?
_____ Years

3. How many cigarettes do you usually smoke per day?
_____ Cigarettes / day or
_____ Cigarettes / month

4. How soon after you wake up do you smoke your first cigarette?
☐ within 5 minutes ☐ 6-30 minutes
☐ 31-60 minutes ☐ >60 minutes

5. How many quit attempts (lasting >24 hours) have you made in the past year?
☐ No attempts ☐ 1-2 attempts
☐ 3 or more attempts

6. Do others smoke in your home?
☐ Yes ☐ No

7. Which of the following best describes your feelings about smoking right now?
☐ I would like to quit in the next 30 days
☐ I would like to quit in the next 6 months
☐ I am not planning on quitting in the next 6 months

8. On a scale from 1-5, how important is it to you to quit smoking?
1 2 3 4 5
(1=not important at all, 5=extremely important)

9. On a scale from 1-5, how confident are you that you can quit smoking?
1 2 3 4 5
(1=not at all confident, 5=extremely confident)

10. What are your reasons for wanting to quit smoking?
☐ Health Reasons ☐ Children/Spouse
☐ Financial (Save Money) ☐ Social
Other: _____

11. What concerns, if any, do you have about quitting smoking?
☐ Weight Gain ☐ Withdrawal symptoms
☐ I won't be successful ☐ Stress
☐ Depression ☐ Boredom
☐ Social ☐ Other: _____


12. Have you previously used quit smoking medications?
Nicotine Replacement Therapy:
☐ Gum ☐ Patch ☐ Inhaler
☐ Bupropion / Zyban ☐ Varenicline / Champix
☐ Yes ☐ No
☐ Don't know ☐ no benefit plan

13. Does your drug benefit plan cover quit smoking medications?
☐ Yes ☐ No

14. Are you presently receiving follow-up telephone calls from the Quit Smoking Program?
☐ Yes ☐ No

15. How many caffeinated drinks (eg. coffee, tea, pop) do you consume per day?
_____ Drinks

THANK YOU. Please return this survey to your health care provider.



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

OTTAWA MODEL
FOR SMOKING CESSATION
IN PRIMARY CARE
MODÈLE D'OTTAWA
POUR L'ABANDON DU TABAC
EN SOINS PRIMAIRES

Quit Plan Consult Form

Preferred language: ☐ English ☐ French ☐ Other (specify) _____

Patient ID: _____
Last Name: _____
First Name: _____
Address: _____
City: _____ Postal Code: _____
Tel: _____ Date of Birth: _____
Email: _____
MD/NP Name: _____

PHYSICIAN CONSULT [K039, Q042A]
ASSIST Provide patient with copy of Your Quit Smoking Plan ☐ Yes ☐ No
ASSIST Set Quit Date with patient: QUIT DATE: _____ (dd/mm/yy) ☐ Yes ☐ No
ASSIST Identify Contraindications/Precautions
Bupropion (Zyban) Contraindications
☐ Pregnant, breast feeding or planning pregnancy
☐ History of seizure disorder or head trauma
☐ Presently taking Bupropion/ Zyban/ Wellbutrin
☐ Previous reaction to Bupropion/ Zyban/ Wellbutrin
☐ Pre-existing or current eating disorder
☐ Excessive use of alcohol/sedatives present or past
☐ Taking anti-depressants, antipsychotics, corticosteroids, MAO inhibitors, theophylline, cocaine or diet pills
☐ Taking a quinolone antibiotic (e.g. ciprofloxacin)
☐ Severe hepatic impairment
Precautions
☐ Use of oral hypoglycemic products or insulin
☐ Central nervous system tumour
Varenicline (Champix) Contraindications
☐ Pregnant, breast feeding or planning pregnancy
☐ Under the age of 18 years
☐ History of renal failure and is taking Cimeticine
☐ Previous drug reaction to Varenicline
☐ Has history of renal failure (check with physician)
☐ History of nausea and vomiting in past two months (check with physician)
Precautions
☐ Using NRT in addition to Varenicline
☐ Operates heavy machinery (avoid until reaction to medication is known)
NRT
☐ Dentures/TMJ/Partial/Crown (avoid NRT gum)
☐ Allergy to adhesive (consider clear patch)
Mental Health History Past or current history of: ☐ Anxiety ☐ Depression ☐ Substance use/alcohol abuse ☐ Other (specify) _____ Currently treated: ☐ Yes ☐ No
ASSIST Select Pharmacotherapy
☐ NRT ☐ <10 cigs/day ☐ 10-19 cigs/day ☐ 20-29 cigs/day ☐ 30-39 cigs/day ☐ 40+ cigs/day
PATCH ☐ 7 mg patch ☐ 14 mg patch ☐ 21 mg patch ☐ 28 mg patch (21 mg + 7 mg) ☐ 42 mg patch (21 mg x 2)
If time to first cig is <30 mins of waking, consider higher dose NRT
☐ 14 mg ☐ 21 mg ☐ 28 mg (21 mg + 7 mg) ☐ 35 mg patch (21 mg + 14 mg)
SHORT ACTING ☐ Inhaler ☐ Inhaler ☐ Inhaler ☐ Inhaler ☐ Inhaler
☐ 2 mg gum ☐ 2 mg gum ☐ 4 mg gum ☐ 4 mg gum ☐ 4 mg gum
☐ 2 mg lozenge ☐ 2 mg lozenge ☐ 4 mg lozenge ☐ 4 mg lozenge ☐ 4 mg lozenge
☐ Mouth Spray ☐ Mouth Spray ☐ Mouth Spray ☐ Mouth Spray ☐ Mouth Spray
☐ Varenicline - Days 1-3: 0.5 mg once/day; Days 4-7: 0.5 mg BID; Day 8-12 wks 0.5-1mg BID (titrate appropriately)
*Start 8 to 35 days before the quit date
☐ Bupropion - Days 1-3: 150 mg daily (in the morning); Days 4-12 weeks: 150 mg BID *Start 8 days before the quit date.
☐ No medication prescribed
ARRANGE Follow-up The Smoking Cessation Automated Follow-up System is monitored jointly by UOHI and Smokers' Helpline (SHL) to provide assistance to smokers making a quit attempt. All information is kept confidential and only used for administering and evaluating the follow-up program.
Phone number: ☐ Same as above or alternate: () _____
Preferred time of call: ☐ 7-9am ☐ 9am-12pm ☐ 1-5pm ☐ 6-9pm
Preferred Method of Follow-up: ☐ Email ☐ Telephone ☐ FHT Appointment ☐ No Follow-up
Consent to be contacted by UOHI/SHL for Follow-up ☐ Yes ☐ No
REVIEW ☐ Reviewed potential for changes in mood related to quitting smoking
☐ Reviewed medication information with patient
☐ Advised patient on how to prepare for his/her quit date
☐ Discussed smoking routines and triggers and identified strategies for managing cravings
☐ Reminded patient that he/she will need to cut back on caffeine by half after quit date
☐ Reviewed automated Smoker's Follow-up System instructions with patient

Counselor Name: _____ Date: _____

Copyright © University of Ottawa Heart Institute

Primary Care Consult - IVR

For Those Who **Request Nicotine Replacement Therapy And Belong To A FHT, CHC or Nurse Practitioner Lead Clinic**



STOP with Family Health Teams and NP Lead Clinics

- **Must be a member of the FHT or NP Lead Clinic** to receive ongoing smoking cessation treatment including:
- Free Nicotine Replacement Therapy up to 26 weeks/year
- Counselling and support

STOP with Community Health Centers

- Must be a member of the CHC to receive ongoing smoking cessation treatment including:
- Free Nicotine Replacement Therapy up to 26 weeks/year
- Counselling support



For Those Who **Request NRT** But **Are Not Enrolled in a Family Health Team, Community Health Centre or NP Lead Clinic:**

Health Unit “STOP on the Road”

- Open to everyone who meets eligibility criteria:
- 3 hour group sessions (required)
- 5 week course of Free Nicotine patches



Health Unit NRT Pilot Projects

- If clients are not eligible for STOP on the Road:
 - Pregnant women
 - Youth
 - Newly Discharged from hospital
- ✓ Can receive 10 weeks of Patches or Gum

Lanark, Leeds & Grenville Addictions and Mental Health



- ✓ For persons with addictions and mental health issues in the Lanark, Leeds & Grenville area
- ✓ Each client must go through an intake process prior to accessing agency services such as Smoking Cessation

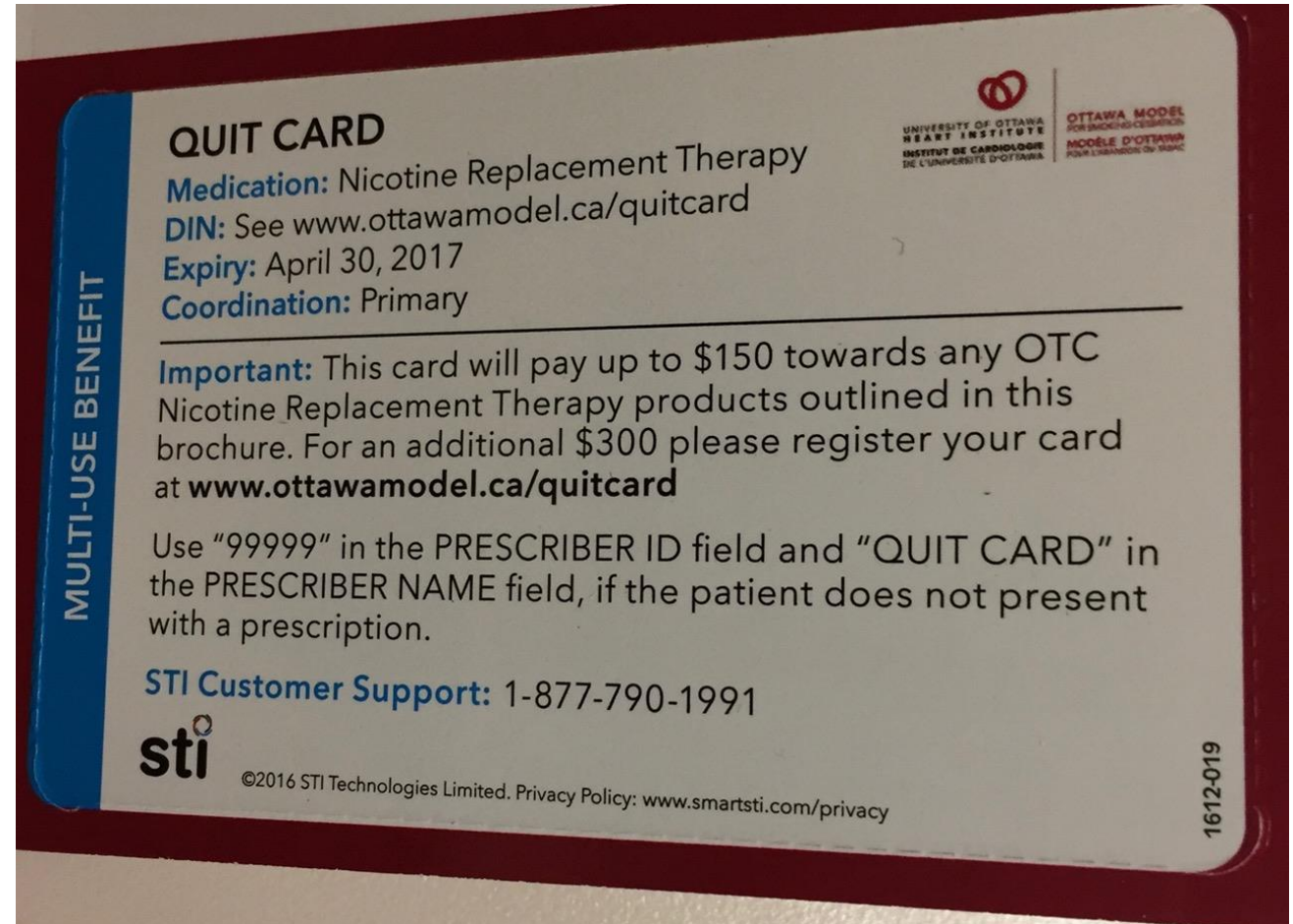
Smoking Cessation Program:

- ☐ Presently is available in Smiths Falls and will soon be expanding to Kemptville
- ☐ Offers the STOP Program with 26 weeks of free NRT
- ☐ Offers supportive counselling and follow-up



New Provincial Government Initiative:

- \$150.00 NRT Quit Cards are available when discharged from Brockville General and Perth Smiths Falls Hospital
- Register online for additional \$300.00 to be loaded on the card for NRT at any Ontario Pharmacy
- Expires April 30, 2017





For Those Who **Request Prescription Smoking Cessation Medication**



Pharmacists can:

- ✓ Prescribe both Zyban and Champix for smoking cessation
- ✓ Provide smoking cessation counselling

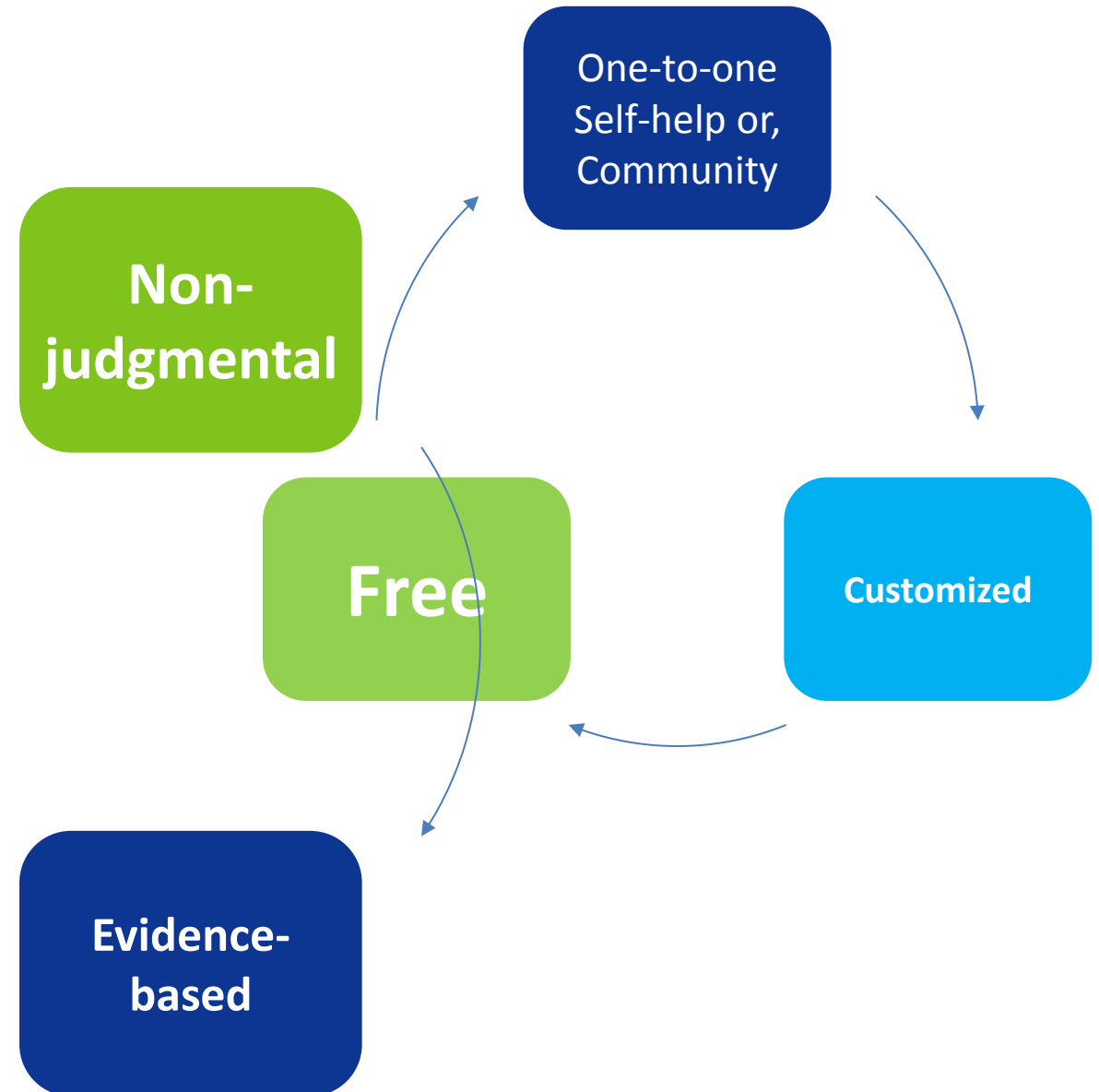
Coverage:

- ☐ Private Health Insurance
- ☐ Employee Insurance
- ☐ Work Sponsored Wellness Programs i.e. Proctor & Gamble

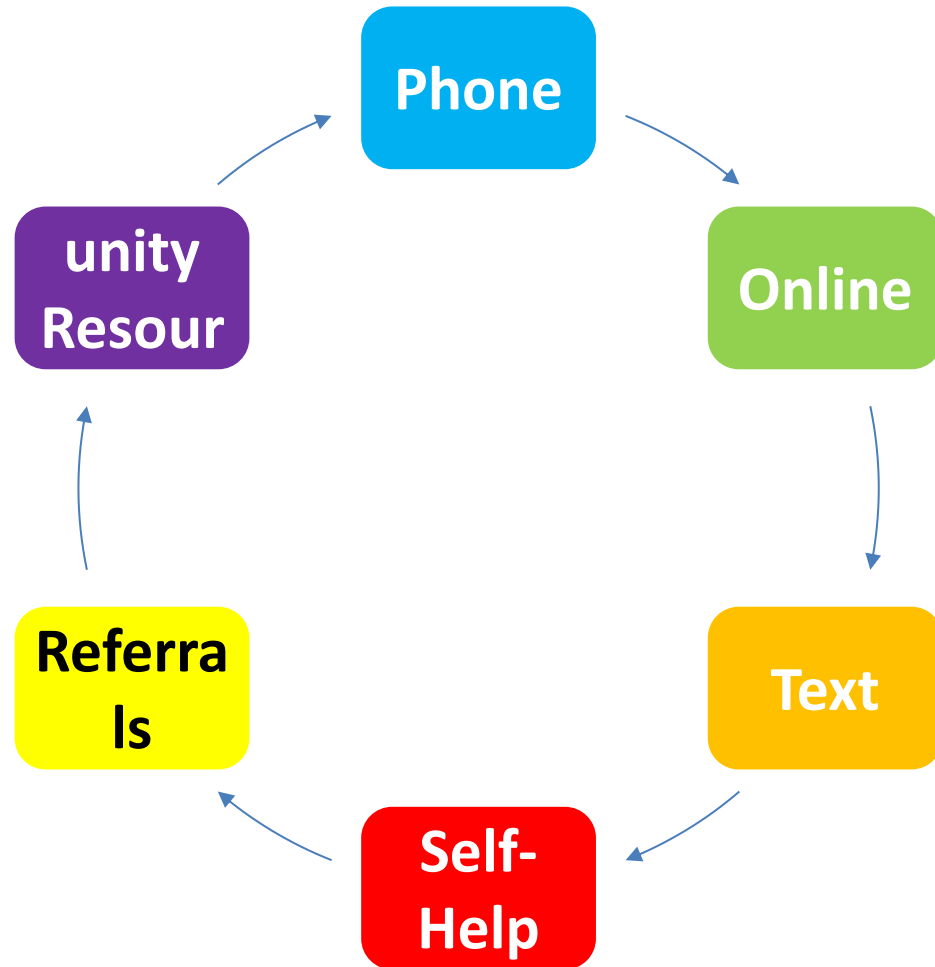
- ☐ Social Assistance/ODSP
Limited Use Form 423

What is SHL?

Smokers' Helpline is a free, confidential service operated by the Canadian Cancer Society offering support and information about quitting smoking and tobacco use.



What do we offer?



All available in English and French.
Interpreter service available by phone
in over 100 languages

Smoking Cessation Resources in Leeds, Grenville and Lanark

Has the client considered what supports they would like to use to quit?

Yes

NICOTINE REPLACEMENT THERAPY

- + May include: Patches, gum, spray, lozenges, and inhalers
- + Doubles client's chance of success with quit attempt
- + Available over the counter at a local pharmacy for those who can afford to pay. Sources of free NRT are outlined below.

Does the client belong to a FHT, CHC or Nurse Practitioner Lead Clinic

Yes

STOP with Family Health Teams

*Must be a member of the FHT to receive ongoing smoking cessation treatment, including:

- Free Nicotine Replacement Therapy up to 26 weeks (STOP Program)
- Counselling support

Advise client to:
Contact their FHT to determine whether they are participating

If CHC/FHT is not participating, refer client to STOP on the Road at the Health Unit

STOP with Community Health Centres

*Must be a member of the CHC to receive ongoing smoking cessation treatment, including:

- Free Nicotine Replacement Therapy up to 26 weeks (STOP Program)
- Counselling support

Advise client to:
Contact their CHC to determine whether they are participating

No

STOP on the Road (at Health Unit)

*Open to those who meet eligibility criteria:

- 3 hour group sessions (required)
- 5 week course of Free Nicotine patches
- 10 weeks of NRT also available for Pregnant Women, Youth and those newly Discharged from Hospital

Refer clients to:
Health Unit
1-800-660-5853
to be screened and registered

L, L & G Addictions and Mental Health

* Now offering the STOP Program in Smiths and North Leeds

- Free NRT Therapy for up to 26 weeks
- Counselling support

New Government Initiative

- \$150.00 NRT Quit Cards available when discharged from hospital
- Register online for additional \$300.00 to be loaded on card for NRT at any Ontario Pharmacy.
- Expires April 30, 2017

PRESCRIPTION MEDICATIONS

Champix (Varenicline)

Zyban (Bupropion)

Pharmacists can:

- + Prescribe certain medications for smoking cessation
 - + Provide smoking cessation counselling
- Advise clients to talk to their pharmacist to see if they are eligible.

Does the client have Private Health Insurance?

If a client has extra health insurance (through work, for example) advise the client to call their insurance company to see what their plan covers.

Even over the counter medications may be covered if they obtain a prescription from their primary care provider.

Is the client on Social Assistance? (OW/ODSP)

Funding for NRT may be available through social assistance, with a prescription from their primary care provider, and at the discretion of the client's caseworker.

Work Sponsored Wellness programs
i.e. Procter & Gamble

See Also:
Private Health Insurance and Social Assistance/ODSP

No

OTHER SUPPORTS

Smokers Health Line
Canadian Cancer Society
Ontario Lung Association

My Quit

1-877-376-1701
www.myquit.ca

Break It Off

1-866-366-3667
www.breakitoff.ca (app)

For moms and moms to be:
Pregnets
www.pregnets.org

For LGBT:
www.clear-the-air.ca

For youth:
Like "Quit the Denial" on Facebook

For young adults (18-29):
Leave The Pack Behind
www.leavethepackbehind.org

Apps:
Craving To Quit
Crush The Crave

See www.healthunit.org for more

Questions
??